

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: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 11:01 am
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PART I - COST REPORT STATUS

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PARKVIEW HOSPITAL (150021) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,034,817	-461,721	83,342	0	1.00
2.00 Subprovider - IPF	0	3,771	0		0	2.00
3.00 Subprovider - IRF	0	-11,870	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	4,498	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
200.00 Total	0	-1,038,418	-461,721	83,342	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: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 11:00 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 46845		4.00 County: ALLEN		1.00
1.00	Street: 11109 PARKVIEW PLAZA DRIVE	State: IN		Zip Code: 46845		County: ALLEN		2.00
2.00	City: FORT WAYNE							

	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	PARKVIEW HOSPITAL	150021	23060	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	PARKVIEW PSYCHIATRIC UNIT	15S021	23060	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	PARKVIEW REHABILITATION UNIT	15T021	23060	5	01/01/1984	N	P	P	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	PARKVIEW CONTINUING CARE CENTER	155516	23060		04/06/1994	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTG									11.00
12.00	Hospital-Based HHA	PARKVIEW HOME HEALTH SERVICES	157423	23060		04/25/1995	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	PARKVIEW HOME HEALTH & HOSPICE	151552	23060		06/27/1996				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
17.20	Hospital-Based (OPT) I									17.20
17.30	Hospital-Based (OOT) I									17.30
17.40	Hospital-Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:		
		1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2014	12/31/2014	20.00	
21.00	Type of Control (see instructions)	2		21.00	
Inpatient PPS Information					
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	N	22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.	N	N	22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.	N	N	22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.		3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	12,550	2,389	924	415	15,682	531	24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 11:00 am			
		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		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.	322	397	66	0	94		25.00	
							Urban/Rural	Date of Geogr	
							1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1		26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1		27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0		35.00	
							Beginning:	Ending:	
							1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.					0		37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.							38.00	
							Y/N	Y/N	
							1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)					N	N	40.00	
							V	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	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.					N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.					N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.					N	N	N	48.00
Teaching Hospitals									
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.					Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.					N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.					N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)					Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME			
		1.00	2.00	3.00	4.00	5.00			
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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	

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
		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 Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y		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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.44	13.60	0.095745	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	

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))			
					1.00	2.00		3.00
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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	1.44	13.60	0.095745	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 nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			1.44	13.60	0.095745	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)	FORT WAYNE MEDICAL EDUCATION PROGRAM	1350	1.44	13.60	0.095745	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.					Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)					N	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.					Y		75.00

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		1.00	2.00	3.00			
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)	N		0	76.00		
		1.00					
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00		
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N	81.00		
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	95.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N	N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00			0.00	97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N	105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				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		Speech		Respiratory	
		1.00		2.00		3.00	
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			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		1.00		2.00		3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N	116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y	117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 11:00 am		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	518,348	533,525	321,868	118.01	
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00	
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00	
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00	
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		15H032	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: PARKVIEW HEALTH SYSTEM, INC.	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	141.00	
142.00	Street: 10501 CORPORATE DRIVE	PO Box: 5600			142.00	
143.00	City: FORT WAYNE	State: IN		Zip Code: 46895-5600	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 the costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00	
				1.00		
				2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 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					161.00
161.10	CORF					161.10
161.20	OUTPATIENT PHYSICAL THERAPY		N	N	N	161.20

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 11:00 am	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
161.30	OUTPATIENT OCCUPATIONAL THERAPY		N	N	N	161.30	
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N	161.40	
						1.00	
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	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 (see instructions)						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	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			
						1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 1, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)					N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 11:00 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)	Y			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.	Y	A	04/24/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	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.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 11:00 am		
	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	2.00	3.00	21.00
		N			N	
					1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					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.					35.00
					Y/N	Date
					1.00	2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
					1.00	2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ERIC		NICKESON		41.00
42.00	Enter the employer/company name of the cost report preparer.	PARKVIEW HEALTH SYSTEM, INC.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(260) 373-8406		ERIC.NICKESON@PARKVIEW.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150021

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

Worksheet S-2
Part II
Date/Time Prepared:
5/27/2015 11:00 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)		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.	DIRECTOR REIMBURSEMENT	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: 150021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	392	143,080	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)		392	143,080	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	48	8,760	0.00	0	8.00
8.01 PEDIATRIC ICU	31.01	6	2,190	0.00	0	8.01
8.02 NEONATAL ICU	31.02	31	11,315	0.00	0	8.02
9.00 CORONARY CARE UNIT	32.00	60	30,660	0.00	0	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)		537	196,005	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	69	25,185		0	16.00
17.00 SUBPROVIDER - IRF	41.00	31	11,315		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	41	14,965		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		678				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: 150021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	33,300	10,367	89,476			1.00
2.00 HMO and other (see instructions)	27,585	19,435				2.00
3.00 HMO IPF Subprovider	1,961	0				3.00
4.00 HMO IRF Subprovider	638	540				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	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	33,300	10,367	89,476			7.00
8.00 INTENSIVE CARE UNIT	5,833	4	6,893			8.00
8.01 PEDIATRIC ICU	0	0	839			8.01
8.02 NEONATAL ICU	0	0	8,066			8.02
9.00 CORONARY CARE UNIT	1,126	0	25,046			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		2,154	5,504			13.00
14.00 Total (see instructions)	40,259	12,525	135,824	15.04	4,135.44	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	5,879	0	20,141	0.00	104.34	16.00
17.00 SUBPROVIDER - IRF	1,711	339	5,905	0.00	35.14	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	5,145	0	12,975	0.00	61.85	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	44,834	0.00	109.04	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				15.04	4,445.81	27.00
28.00 Observation Bed Days		2,354	12,055			28.00
29.00 Ambulance Trips	648					29.00
30.00 Employee discount days (see instruction)			2,814			30.00
31.00 Employee discount days - IRF			127			31.00
32.00 Labor & delivery days (see instructions)	0	531	1,062			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: 150021

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

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	7,488	5,407	26,873	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
8.01 PEDIATRIC ICU							8.01
8.02 NEONATAL ICU							8.02
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	7,488	5,407	26,873		14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	705	1,583	4,884		16.00
17.00 SUBPROVIDER - IRF	0.00	0	104	17	366		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	0.00						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
25.10 CMHC - CORF	0.00						25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	0.00						25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00						25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00						25.40
26.00 RURAL HEALTH CLINIC							26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER							26.25
27.00 Total (sum of lines 14-26)	0.00						27.00
28.00 Observation Bed Days							28.00
29.00 Ambulance Trips							29.00
30.00 Employee discount days (see instruction)							30.00
31.00 Employee discount days - IRF							31.00
32.00 Labor & delivery days (see instructions)							32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 11:00 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation 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	302,371,639	-59,210,434	243,161,205	9,247,275.00	26.30
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		952,891	0	952,891	5,535.00	172.16
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		108,529,000	-59,210,434	49,318,566	1,806,271.00	27.30
9.00	SNF	44.00	2,466,103	328,580	2,794,683	128,638.00	21.73
10.00	Excluded area salaries (see instructions)		21,467,039	1,221,571	22,688,610	852,708.00	26.61
OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		0	0	0	0.00	0.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		334,041	0	334,041	3,050.00	109.52
14.00	Home office salaries & wage-related costs		108,529,000	-59,210,434	49,318,566	1,806,271.00	27.30
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		74,540,006	0	74,540,006		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		8,714,688	0	8,714,688		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	28,685,775	-21,021,305	7,664,470	16,155.00	474.43
27.00	Administrative & General	5.00	114,052,725	-57,238,014	56,814,711	2,037,462.00	27.89
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	4,130,685	525,580	4,656,265	209,258.00	22.25
31.00	Laundry & Linen Service	8.00	274,727	34,929	309,656	24,083.00	12.86
32.00	Housekeeping	9.00	4,262,855	544,844	4,807,699	409,190.00	11.75
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	4,659,344	601,584	5,260,928	391,836.00	13.43
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,297,038	291,397	2,588,435	71,936.00	35.98
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00
40.00	Pharmacy	15.00	9,347,349	390,402	9,737,751	276,436.00	35.23

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150021

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

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2015 11:00 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	0	0	0.00	0.00	41.00
42.00	Social Service	17.00	2,945,119	373,390	3,318,509	113,946.00	29.12
43.00	Other General Service	18.00	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150021

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

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2015 11:00 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	193,842,639	0	193,842,639	7,441,004.00	26.05	1.00
2.00	Excluded area salaries (see instructions)	23,933,142	1,550,151	25,483,293	981,346.00	25.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	169,909,497	-1,550,151	168,359,346	6,459,658.00	26.06	3.00
4.00	Subtotal other wages & related costs (see inst.)	108,863,041	-59,210,434	49,652,607	1,809,321.00	27.44	4.00
5.00	Subtotal wage-related costs (see inst.)	74,540,006	0	74,540,006	0.00	44.27	5.00
6.00	Total (sum of lines 3 thru 5)	353,312,544	-60,760,585	292,551,959	8,268,979.00	35.38	6.00
7.00	Total overhead cost (see instructions)	170,655,617	-75,497,193	95,158,424	3,550,302.00	26.80	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 11:00 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		4,994,133	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		9,171,231	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		859,697	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		45,750,117	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		399,091	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)		840,324	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,346,247	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		18,940,571	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		455,287	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		497,996	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		83,254,694	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150021

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

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150021 Component CCN: 157423		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/27/2015 11:00 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	2,691	0	1,710	4,401	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,643.00	0.00	1,294.00	2,937.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			1.04	0.00	1.04	4.00
5.00	Other Administrative Personnel			30.89	0.00	30.89	5.00
6.00	Direct Nursing Service			46.27	0.00	46.27	6.00
7.00	Nursing Supervisor			11.47	0.00	11.47	7.00
8.00	Physical Therapy Service			10.98	0.00	10.98	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			6.42	0.00	6.42	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.81	0.00	1.81	12.00
13.00	Speech Pathology Supervisor			1.04	0.00	1.04	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			5.05	0.00	5.05	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	QUALITY AND MISC STAFF			60.41	0.00	60.41	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			23060			20.00
20.01				99915			20.01
20.02				21140			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	8,713	513	499	159	9,884	21.00
22.00	Skilled Nursing Visit Charges	1,487,923	92,590	70,536	26,865	1,677,914	22.00
23.00	Physical Therapy Visits	2,602	47	43	63	2,755	23.00
24.00	Physical Therapy Visit Charges	507,886	9,215	7,370	12,255	536,726	24.00
25.00	Occupational Therapy Visits	972	50	13	29	1,064	25.00
26.00	Occupational Therapy Visit Charges	194,970	10,245	2,045	5,925	213,185	26.00
27.00	Speech Pathology Visits	330	20	6	2	358	27.00
28.00	Speech Pathology Visit Charges	65,506	3,880	815	410	70,611	28.00
29.00	Medical Social Service Visits	266	6	12	10	294	29.00
30.00	Medical Social Service Visit Charges	58,368	1,340	2,455	2,076	64,239	30.00
31.00	Home Health Aide Visits	1,358	43	3	19	1,423	31.00
32.00	Home Health Aide Visit Charges	125,610	4,075	285	1,710	131,680	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,241	679	576	282	15,778	33.00
34.00	Other Charges	92,117	6,940	3,701	61	102,819	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,532,380	128,285	87,207	49,302	2,797,174	35.00
36.00	Total Number of Episodes (standard/non outlier)	982		153	23	1,158	36.00
37.00	Total Number of Outlier Episodes		14		0	14	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 150021

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

Worksheet S-7

Date/Time Prepared:
5/27/2015 11:00 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	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	24	0	24	7.00
8.00	RHL	17	0	17	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	240	0	240	12.00
13.00	RUB	182	0	182	13.00
14.00	RUA	183	0	183	14.00
15.00	RVC	249	0	249	15.00
16.00	RVB	732	0	732	16.00
17.00	RVA	1,267	0	1,267	17.00
18.00	RHC	205	0	205	18.00
19.00	RHB	446	0	446	19.00
20.00	RHA	883	0	883	20.00
21.00	RMC	0	0	0	21.00
22.00	RMB	98	0	98	22.00
23.00	RMA	76	0	76	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	39	0	39	27.00
28.00	ES1	0	0	0	28.00
29.00	HE2	15	0	15	29.00
30.00	HE1	0	0	0	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	22	0	22	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	124	0	124	36.00
37.00	LE2	6	0	6	37.00
38.00	LE1	5	0	5	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	8	0	8	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	30	0	30	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	36	0	36	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	6	0	6	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	6	0	6	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	97	0	97	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	100	0	100	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: 150021

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

Worksheet S-7

Date/Time Prepared:
5/27/2015 11:00 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	12	0	12	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	19	0	19	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	18	0	18	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		5,145	0	5,145	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		1,892,417	24.62	Y	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	BENEFITS AND OVERHEAD COSTS		4,947,944	64.37	Y	206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		7,687,320			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150021
Component CCN: 151552

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/27/2015 11:00 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	
2.00	Routine Home Care	30,515	1,177	11,508	250	2,557	34,249	
3.00	Inpatient Respite Care	33	0	4	0	5	38	
4.00	General Inpatient Care	1,709	91	0	0	331	2,131	
5.00	Total Hospice Days	32,257	1,268	11,512	250	2,893	36,418	
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	1,057	49	250	8	160	1,266	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				
8.00	Average Length of Stay (line 5/line 6)	30.52	25.88	46.05	31.25	18.08	28.77	
9.00	Unduplicated Census Count	977	44	220	8	160	1,181	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 11:00 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)			0.237256	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			31,421,597	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			23,815,299	5.00
6.00	Medicaid charges			283,495,391	6.00
7.00	Medicaid cost (line 1 times line 6)			67,260,982	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)			12,024,086	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			615,904	9.00
10.00	Stand-alone SCHIP charges			2,365,594	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			561,251	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)			3,423,788	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			22,961,871	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			5,447,842	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)			2,024,054	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)			14,048,140	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	29,304,849	10,243,103	39,547,952	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	6,952,751	2,430,238	9,382,989	21.00
22.00	Partial payment by patients approved for charity care	95,865	20,415	116,280	22.00
23.00	Cost of charity care (line 21 minus line 22)	6,856,886	2,409,823	9,266,709	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			78,835,344	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			602,590	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			78,232,754	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			18,561,190	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			27,827,899	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			41,876,039	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	CAP REL COSTS-BLDG & FIXT		46,497,221		46,497,221	-26,058,597	20,438,624	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0		0	26,779,292	26,779,292	2.00
3.00	00300	OTHER CAP REL COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	28,685,775	58,628,454	87,314,229	-17,901,971	69,412,258	69,412,258	4.00
5.01	00540	COMMUNICATIONS	0	0	0	0	2,035,583	2,035,583	5.01
5.02	00550	DATA PROCESSING	0	0	0	0	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	0	0	0	0	5.03
5.04	00570	PATIENT SERVICES	1,847,897	587,824	2,435,721	229,460	2,665,181	2,665,181	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	0	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	112,204,828	63,378,632	175,583,460	-2,032,689	173,550,771	173,550,771	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	22	22	0	22	22	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	7,022,176	7,022,176	36,967	7,059,143	7,059,143	7.00
7.01	00701	FACILITY ENGINEERING	4,130,685	2,974,746	7,105,431	514,898	7,620,329	7,620,329	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	274,727	2,088,116	2,362,843	34,929	2,397,772	2,397,772	8.00
9.00	00900	HOUSEKEEPING	4,262,855	924,008	5,186,863	526,091	5,712,954	5,712,954	9.00
10.00	01000	DIETARY	4,659,344	5,984,032	10,643,376	-2,909,346	7,734,030	7,734,030	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	3,506,638	3,506,638	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	2,297,038	1,051,799	3,348,837	286,196	3,635,033	3,635,033	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	0	14.00
15.00	01500	PHARMACY	7,743,180	25,950,898	33,694,078	-22,522,909	11,171,169	11,171,169	15.00
15.01	01501	OUTPATIENT PHARMACY	724,519	10,728,205	11,452,724	102,281	11,555,005	11,555,005	15.01
15.02	01502	IV SOLUTIONS	879,650	723,341	1,602,991	54,988	1,657,979	1,657,979	15.02
15.03	01503	MED SURG SUPPLY	0	-635,444	-635,444	52,064,360	51,428,916	51,428,916	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	2,624,481	1,218,602	3,843,083	330,837	4,173,920	4,173,920	17.00
17.01	01701	REHAB ADMIN	320,638	157,732	478,370	37,080	515,450	515,450	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,923,127	3,923,127	0	3,923,127	3,923,127	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	80,749	80,749	80,749	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	200,566	200,566	200,566	23.02
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	29,551,583	5,839,435	35,391,018	2,052,278	37,443,296	37,443,296	30.00
31.00	03100	INTENSIVE CARE UNIT	3,922,107	694,078	4,616,185	191,894	4,808,079	4,808,079	31.00
31.01	03101	PEDIATRIC ICU	725,454	454,254	1,179,708	93,753	1,273,461	1,273,461	31.01
31.02	03102	NEONATAL ICU	2,972,745	574,951	3,547,696	308,961	3,856,657	3,856,657	31.02
32.00	03200	CORONARY CARE UNIT	11,956,499	2,197,778	14,154,277	891,556	15,045,833	15,045,833	32.00
40.00	04000	SUBPROVIDER - I PF	5,282,010	1,156,342	6,438,352	126,033	6,564,385	6,564,385	40.00
41.00	04100	SUBPROVIDER - I RF	1,564,816	168,758	1,733,574	195,438	1,929,012	1,929,012	41.00
43.00	04300	NURSERY	0	0	0	2,782,685	2,782,685	2,782,685	43.00
44.00	04400	SKILLED NURSING FACILITY	2,466,103	287,248	2,753,351	290,256	3,043,607	3,043,607	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	8,452,522	35,641,333	44,093,855	-29,660,647	14,433,208	14,433,208	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,261,821	426,138	2,687,959	3,448,486	6,136,445	6,136,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	341,029	30,013	371,042	-328,479	42,563	42,563	52.00
53.00	05300	ANESTHESIOLOGY	0	3,829,749	3,829,749	-66,122	3,763,627	3,763,627	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,326,483	7,723,737	16,050,220	-2,750,498	13,299,722	13,299,722	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	164,396	52,574	216,970	21,667	238,637	238,637	54.05
54.06	05406	RADIOLOGY - CMP	0	1,050	1,050	-74	976	976	54.06
54.07	05407	RADIOLOGY - WP	0	97,379	97,379	0	97,379	97,379	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	35,016	22,585	57,601	4,432	62,033	62,033	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,538,908	2,814,842	5,353,750	234,469	5,588,219	5,588,219	55.00
56.00	05600	RADIOISOTOPE	302,795	86,471	389,266	26,643	415,909	415,909	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	516,978	374,382	891,360	56,317	947,677	947,677	58.00
60.00	06000	LABORATORY	10,948,407	12,211,138	23,159,545	-630,897	22,528,648	22,528,648	60.00
60.01	06001	ANATOMICAL PATHOLOGY	382,878	718,752	1,101,630	104,104	1,205,734	1,205,734	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	10,979	3,248,136	3,259,115	1,492,408	4,751,523	4,751,523	62.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,319,431	587,309	4,906,740	-1,954,420	2,952,320	65.00
65.01	06501	WOUND CARE	515,385	1,462,575	1,977,960	-54,132	1,923,828	65.01
65.02	06502	DIALYSIS	42,273	1,413,744	1,456,017	-6,902	1,449,115	65.02
65.03	03330	ENDOSCOPY	1,836,728	3,359,958	5,196,686	-1,375,818	3,820,868	65.03
66.00	06600	PHYSICAL THERAPY	4,885,325	394,533	5,279,858	-1,765,183	3,514,675	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	295,437	-73,058	222,379	1,640,996	1,863,375	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	684,104	684,104	68.00
68.01	06801	NEURO REHAB	982,253	244,966	1,227,219	74,677	1,301,896	68.01
69.00	06900	ELECTROCARDIOLOGY	243,566	148,255	391,821	1,913,906	2,305,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	130,306	23,817	154,123	261,498	415,621	70.00
70.01	03950	NUTRITION SUPPORT	517,976	99,260	617,236	61,896	679,132	70.01
70.03	03952	CARDIAC CATH LAB	2,836,312	17,436,875	20,273,187	-14,768,061	5,505,126	70.03
70.04	03953	CARDIAC REHA SERVICES	77,983	12,314	90,297	9,796	100,093	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	22,430,941	22,430,941	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,651	734,465	737,116	-483,887	253,229	90.00
90.01	09001	ANTI COAG CLINIC	662,704	333,014	995,718	454,661	1,450,379	90.01
91.00	09100	EMERGENCY	6,935,945	3,861,254	10,797,199	226,421	11,023,620	91.00
91.01	09101	PARTIAL HOSPITALIZATION	88,005	2,186	90,191	11,660	101,851	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,158,249	5,115,271	7,273,520	252,567	7,526,087	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	8,741,720	8,852,544	17,594,264	-9,308,462	8,285,802	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	7,170,049	7,170,049	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	298,651,395	353,863,896	652,515,291	-243,627	652,271,664	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,750	310,191	408,941	-31,518	377,423	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	379,364	379,364	0	379,364	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	59,402	647,394	706,796	-31,491	675,305	194.05
194.06	07956	STUCKY RESEARCH CTR	994,905	343,859	1,338,764	12,379	1,351,143	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	-369,923	-369,923	369,923	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	69,609	1,488,712	1,558,321	8,937	1,567,258	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	108,288	221,587	329,875	13,903	343,778	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	830,512	1,300,272	2,130,784	-263,065	1,867,719	194.15
194.16	07966	FITNESS	0	0	0	145,233	145,233	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	20,236	20,236	-1,695	18,541	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	767	767	0	767	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	166,783	656,592	823,375	21,021	844,396	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	1,391,995	10,794,661	12,186,656	0	12,186,656	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00		TOTAL (SUM OF LINES 118-199)	302,371,639	369,657,608	672,029,247	0	672,029,247	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-158,894	20,279,730	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-278,445	26,500,847	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-34,075,055	35,337,203	4.00
5.01	00540	COMMUNICATIONS	0	2,035,583	5.01
5.02	00550	DATA PROCESSING	0	0	5.02
5.03	00560	MATERIALS MANAGEMENT	0	0	5.03
5.04	00570	PATIENT SERVICES	0	2,665,181	5.04
5.05	00580	PATIENT ACCOUNTING	0	0	5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	5.06
5.07	00590	OTHER A&G	-51,605,918	121,944,853	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	22	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-3,880	7,055,263	7.00
7.01	00701	FACILITY ENGINEERING	-1,043,293	6,577,036	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	409,521	2,807,293	8.00
9.00	00900	HOUSEKEEPING	0	5,712,954	9.00
10.00	01000	DIETARY	-6,990,376	743,654	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	3,506,638	10.01
10.02	01002	CAFETERIA	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	10.03
11.00	01100	CAFETERIA	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	3,635,033	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500	PHARMACY	-8,728	11,162,441	15.00
15.01	01501	OUTPATIENT PHARMACY	-589,300	10,965,705	15.01
15.02	01502	IV SOLUTIONS	0	1,657,979	15.02
15.03	01503	MED SURG SUPPLY	-40,007	51,388,909	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,173,920	17.00
17.01	01701	REHAB ADMIN	0	515,450	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	3,923,127	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	80,749	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	200,566	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-84,407	37,358,889	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,808,079	31.00
31.01	03101	PEDIATRIC ICU	-167,809	1,105,652	31.01
31.02	03102	NEONATAL ICU	-55	3,856,602	31.02
32.00	03200	CORONARY CARE UNIT	0	15,045,833	32.00
40.00	04000	SUBPROVIDER - I PF	-120,587	6,443,798	40.00
41.00	04100	SUBPROVIDER - I RF	-36,171	1,892,841	41.00
43.00	04300	NURSERY	0	2,782,685	43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,043,607	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-726	14,432,482	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	50.01
51.00	05100	RECOVERY ROOM	0	6,136,445	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-5	42,558	52.00
53.00	05300	ANESTHESIOLOGY	-3,763,864	-237	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-214,182	13,085,540	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	-36,383	202,254	54.05
54.06	05406	RADIOLOGY - CMP	0	976	54.06
54.07	05407	RADIOLOGY - WP	-88,126	9,253	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	-35,158	26,875	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	-836,823	4,751,396	55.00
56.00	05600	RADIOISOTOPE	0	415,909	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	947,677	58.00
60.00	06000	LABORATORY	-10,430,254	12,098,394	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	1,205,734	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	-9	4,751,514	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	-7,935	2,944,385	65.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150021

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

Worksheet A
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
65.01	06501	WOUND CARE	-16,668	1,907,160	65.01
65.02	06502	DIALYSIS	0	1,449,115	65.02
65.03	03330	ENDOSCOPY	-543,951	3,276,917	65.03
66.00	06600	PHYSICAL THERAPY	-52,546	3,462,129	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	77,642	1,941,017	67.00
68.00	06800	SPEECH PATHOLOGY	0	684,104	68.00
68.01	06801	NEURO REHAB	-149,777	1,152,119	68.01
69.00	06900	ELECTROCARDIOLOGY	0	2,305,727	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-164	415,457	70.00
70.01	03950	NUTRITION SUPPORT	-2,448	676,684	70.01
70.03	03952	CARDIAC CATH LAB	0	5,505,126	70.03
70.04	03953	CARDIAC REHA SERVICES	0	100,093	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,430,941	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-1,911	251,318	90.00
90.01	09001	ANTI COAG CLINIC	0	1,450,379	90.01
91.00	09100	EMERGENCY	-2,047,505	8,976,115	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	101,851	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	7,526,087	95.00
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	-334,617	7,951,185	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	7,170,049	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-113,278,814	538,992,850	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	377,423	190.00
194.00	07950	NON ALLOWABLE	0	0	194.00
194.01	07951	TELEVISION	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	194.02
194.03	07953	OP CLINIC	0	379,364	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	194.04
194.05	07955	EDUCARE CTR	0	675,305	194.05
194.06	07956	STUCKY RESEARCH CTR	-2,262	1,348,881	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	194.07
194.08	07958	FOUNDATION	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	194.11
194.12	07962	GUEST SERVICES	0	1,567,258	194.12
194.13	07963	HUNTINGTON ARC	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	343,778	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	-44,966	1,822,753	194.15
194.16	07966	FITNESS	0	145,233	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	-7,868	10,673	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	767	194.21
194.22	07972	EBT	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	-581,898	262,498	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	-1,718,619	10,468,037	194.25
194.26	07976	ISH	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	194.27
200.00		TOTAL (SUM OF LINES 118-199)	-115,634,427	556,394,820	200.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6
Date/Time Prepared:
5/27/2015 11:00 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - DIETARY PERSONNEL						
1.00	KITCHEN-NO CONNECT W/CAFE	10.01	3,506,638	0	1.00	
	O		3,506,638	0		
B - PHARMACY SALARIES AND SOLUTIONS						
1.00	IV SOLUTIONS	15.02	151,521	0	1.00	
	O		151,521	0		
C - OTHER A&G						
1.00	OTHER A&G	5.07	62,809	0	1.00	
	O		62,809	0		
D - BLOOD BANK						
1.00	ANTI COAG CLINIC	90.01	137,196	231,945	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	483,167	952,661	2.00	
	O		620,363	1,184,606		
F - BLOOD BANK LAB ADMIN						
1.00	ANATOMICAL PATHOLOGY	60.01	61,292	0	1.00	
2.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	55,191	0	2.00	
	O		116,483	0		
I - EQUIPMENT DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	26,579,559	1.00	
	O		0	26,579,559		
J - MED SURG/IV SUPPLIES						
1.00	IV SOLUTIONS	15.02	0	932,277	1.00	
2.00	MED SURG SUPPLY	15.03	0	52,064,360	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	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
39.00		0.00	0	0	39.00	
40.00		0.00	0	0	40.00	
41.00		0.00	0	0	41.00	
42.00		0.00	0	0	42.00	
	O		0	52,996,637		
K - OPERATION OF PLANT						
1.00	OPERATION OF PLANT	7.00	0	38,958	1.00	
	O		0	38,958		
L - IV SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	454,207	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	17,929	0	2.00	
3.00	PEDIATRIC ICU	31.01	17,929	0	3.00	
4.00	NEONATAL ICU	31.02	11,953	0	4.00	
5.00	CORONARY CARE UNIT	32.00	29,882	0	5.00	
6.00	SUBPROVIDER - IRF	41.00	5,976	0	6.00	
7.00	SKILLED NURSING FACILITY	44.00	11,953	0	7.00	

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:
5/27/2015 11:00 am

						Increases				
Cost Center		Line #	Salary	Other						
2.00		3.00	4.00	5.00						
8.00	EMERGENCY	91.00	47,812	0						8.00
	O		597,641	0						
M - COST OF DRUGS SOLD										
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,430,941						1.00
	O		0	22,430,941						
N - PBH ADMIN COSTS										
1.00	ADULTS & PEDIATRICS	30.00	247,903	236,754						1.00
	O		247,903	236,754						
O - FITNESS CENTER										
1.00	FITNESS	194.16	117,527	27,706						1.00
	O		117,527	27,706						
S - CAPITAL INSURANCE										
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	520,962						1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	199,733						2.00
	O		0	720,695						
T - HOSPICE RECLASS										
1.00	HOSPICE	116.00	3,397,208	2,812,030						1.00
	O		3,397,208	2,812,030						
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE										
1.00	HOSPICE	116.00	473,801	487,010						1.00
	O		473,801	487,010						
W - RECLASS PTO DOLLARS										
1.00	PATIENT SERVICES	5.04	3,046	0						1.00
2.00	OTHER A&G	5.07	14,468	0						2.00
3.00	FACILITY ENGINEERING	7.01	24,474	0						3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	1,534	0						4.00
5.00	HOUSEKEEPING	9.00	25,591	0						5.00
6.00	DIETARY	10.00	23,401	0						6.00
7.00	NURSING ADMINISTRATION	13.00	6,509	0						7.00
8.00	PHARMACY	15.00	23,654	0						8.00
9.00	OUTPATIENT PHARMACY	15.01	4,595	0						9.00
10.00	IV SOLUTIONS	15.02	1,207	0						10.00
11.00	SOCIAL SERVICE	17.00	6,167	0						11.00
12.00	ADULTS & PEDIATRICS	30.00	92,161	0						12.00
13.00	SUBPROVIDER - IPF	40.00	25,164	0						13.00
14.00	CORONARY CARE UNIT	32.00	5,087	0						14.00
15.00	SUBPROVIDER - IRF	41.00	27,994	0						15.00
16.00	SKILLED NURSING FACILITY	44.00	44,118	0						16.00
17.00	OPERATING ROOM	50.00	24,105	0						17.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	36,280	0						19.00
20.00	RADIOLOGY - NHMP	54.05	3,019	0						20.00
22.00	RADIOISOTOPE	56.00	1,025	0						22.00
23.00	RESPIRATORY THERAPY	65.00	19,139	0						23.00
24.00	WOUND CARE	65.01	5,760	0						24.00
25.00	ENDOSCOPY	65.03	6,143	0						25.00
26.00	PHYSICAL THERAPY	66.00	49,033	0						26.00
27.00	NEURO REHAB	68.01	8,733	0						27.00
28.00	ELECTROCARDIOLOGY	69.00	886	0						28.00
29.00	ELECTROENCEPHALOGRAPHY	70.00	169	0						29.00
30.00	NUTRITION SUPPORT	70.01	2,327	0						30.00
31.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,790	0						31.00
32.00	ANTI COAG CLINIC	90.01	7,024	0						32.00
33.00	EMERGENCY	91.00	54,403	0						33.00
34.00	AMBULANCE SERVICES	95.00	36	0						34.00
35.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	1,230	0						35.00
36.00	EDUCARE CTR	194.05	168	0						36.00
37.00	SENIOR HEALTH SERVICES	194.14	1,937	0						37.00
38.00	GUEST SERVICES	194.12	1,245	0						38.00
39.00	INTENSIVE CARE UNIT	31.00	14	0						39.00
	O		555,636	0						
Y - EMPLOYEE BENEFIT RECLASS										
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	3,147,078						1.00
2.00	PATIENT SERVICES	5.04	0	437						2.00
3.00	NURSING ADMINISTRATION	13.00	0	174						3.00
4.00	OPERATING ROOM	50.00	0	1,982						4.00
5.00	RECOVERY ROOM	51.00	0	616						5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	387						6.00
7.00	ENDOSCOPY	65.03	0	457						7.00
8.00	CARDIAC CATH LAB	70.03	0	92						8.00
	O		0	3,151,223						

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
Z - PTO ACCRUAL RECLASS PVHOS						
1.00	PATIENT SERVICES	5.04	204,196	0		1.00
2.00	OTHER A&G	5.07	560,026	0		2.00
3.00		0.00	0	0		3.00
4.00	FACILITY ENGINEERING	7.01	452,107	0		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	30,358	0		5.00
6.00	HOUSEKEEPING	9.00	448,382	0		6.00
7.00	DIETARY	10.00	495,941	0		7.00
8.00	NURSING ADMINISTRATION	13.00	253,827	0		8.00
9.00	SUBPROVIDER - IPF	40.00	155,431	0		9.00
10.00	PHARMACY	15.00	857,839	0		10.00
11.00	OUTPATIENT PHARMACY	15.01	80,061	0		11.00
12.00	IV SOLUTIONS	15.02	97,203	0		12.00
13.00	SOCIAL SERVICE	17.00	290,010	0		13.00
14.00	REHAB ADMIN	17.01	35,431	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	3,098,745	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	433,401	0		16.00
17.00	PEDIATRIC ICU	31.01	80,164	0		17.00
18.00	NEONATAL ICU	31.02	334,313	0		18.00
19.00	CORONARY CARE UNIT	32.00	1,321,217	0		19.00
20.00	SUBPROVIDER - IRF	41.00	172,915	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	272,509	0		21.00
22.00	OPERATING ROOM	50.00	952,594	0		22.00
23.00	RECOVERY ROOM	51.00	249,949	0		23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	37,684	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	921,173	0		25.00
26.00	RADIOLOGY - NHMP	54.05	18,648	0		26.00
28.00	RADIOLOGY - PULM CLINIC	54.08	3,869	0		28.00
29.00	RADIOLOGY-THERAPEUTIC	55.00	280,555	0		29.00
30.00	RADIOISOTOPE	56.00	33,459	0		30.00
31.00	LABORATORY	60.00	1,209,821	0		31.00
32.00	ANATOMICAL PATHOLOGY	60.01	42,309	0		32.00
33.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	1,213	0		33.00
34.00	PHYSICAL THERAPY	66.00	539,838	0		34.00
35.00	RESPIRATORY THERAPY	65.00	477,306	0		35.00
36.00	WOUND CARE	65.01	56,951	0		36.00
37.00	DIALYSIS	65.02	4,671	0		37.00
38.00	ENDOSCOPY	65.03	202,962	0		38.00
39.00	NEURO REHAB	68.01	108,541	0		39.00
40.00	ELECTROCARDIOLOGY	69.00	26,914	0		40.00
41.00	ELECTROENCEPHALOGRAPHY	70.00	14,399	0		41.00
42.00	NUTRITION SUPPORT	70.01	57,237	0		42.00
43.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	57,127	0		43.00
44.00	CARDIAC CATH LAB	70.03	313,418	0		44.00
45.00	CARDIAC REHA SERVICES	70.04	8,617	0		45.00
46.00	CLINIC	90.00	293	0		46.00
47.00	ANTI COAG CLINIC	90.01	76,883	0		47.00
48.00	EMERGENCY	91.00	766,436	0		48.00
49.00	AMBULANCE SERVICES	95.00	238,491	0		49.00
50.00	HOME HEALTH AGENCY	101.00	6,924	0		50.00
51.00	GUEST SERVICES	194.12	7,692	0		51.00
52.00	SENIOR HEALTH SERVICES	194.14	11,966	0		52.00
53.00	MEDICAL OFFICE BUILDINGS	194.23	18,430	0		53.00
54.00	EDUCARE CTR	194.05	6,569	0		54.00
0			16,427,015	0		
AA - PTO RECLASS PVN						
1.00	PATIENT SERVICES	5.04	26,955	0		1.00
2.00	OTHER A&G	5.07	68,435	0		2.00
3.00	FACILITY ENGINEERING	7.01	43,757	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	3,037	0		4.00
5.00	HOUSEKEEPING	9.00	42,212	0		5.00
6.00	DIETARY	10.00	51,093	0		6.00
7.00	NURSING ADMINISTRATION	13.00	31,061	0		7.00
8.00	PHARMACY	15.00	103,487	0		8.00
9.00	OUTPATIENT PHARMACY	15.01	7,514	0		9.00
10.00	IV SOLUTIONS	15.02	13,049	0		10.00
11.00	SOCIAL SERVICE	17.00	36,630	0		11.00
12.00	REHAB ADMIN	17.01	5,152	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	367,792	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	63,006	0		14.00
15.00	PEDIATRIC ICU	31.01	11,656	0		15.00
16.00	NEONATAL ICU	31.02	48,610	0		16.00

RECLASSIFICATIONS

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Period:
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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
17.00	CORONARY CARE UNIT	32.00	187,539	0		17.00
18.00	OPERATING ROOM	50.00	116,859	0		18.00
19.00	RECOVERY ROOM	51.00	36,343	0		19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	5,479	0		20.00
21.00	RADIOLOGY-DIAGNOSTIC	54.00	101,357	0		21.00
22.00	RADIOLOGY - PULM CLINIC	54.08	563	0		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	40,793	0		23.00
24.00	RADIOISOTOPE	56.00	3,945	0		24.00
25.00	LABORATORY	60.00	175,910	0		25.00
26.00	ANATOMICAL PATHOLOGY	60.01	6,152	0		26.00
27.00	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	176	0		27.00
28.00	RESPIRATORY THERAPY	65.00	52,212	0		28.00
29.00	WOUND CARE	65.01	3,107	0		29.00
30.00	DIALYSIS	65.02	679	0		30.00
31.00	ENDOSCOPY	65.03	23,994	0		31.00
32.00	PHYSICAL THERAPY	66.00	34,456	0		32.00
33.00	NEURO REHAB	68.01	7,939	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	3,118	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	1,941	0		35.00
36.00	NUTRITION SUPPORT	70.01	6,232	0		36.00
37.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	4,903	0		37.00
38.00	CARDIAC CATH LAB	70.03	45,572	0		38.00
39.00	CARDIAC REHA SERVICES	70.04	1,253	0		39.00
40.00	CLINIC	90.00	43	0		40.00
41.00	ANTI COAG CLINIC	90.01	4,871	0		41.00
42.00	EMERGENCY	91.00	62,581	0		42.00
43.00	AMBULANCE SERVICES	95.00	34,645	0		43.00
44.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	482	0		44.00
45.00	EDUCARE CTR	194.05	804	0		45.00
46.00	STUCKY RESEARCH CTR	194.06	15,985	0		46.00
47.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	13,344	0		47.00
48.00	MEDICAL OFFICE BUILDINGS	194.23	2,680	0		48.00
49.00	HOME HEALTH AGENCY	101.00	1,004	0		49.00
	O		1,920,407	0		
AB - PTO RECLASS PBH						
1.00	FACILITY ENGINEERING	7.01	867	0		1.00
2.00	HOUSEKEEPING	9.00	4,741	0		2.00
3.00	DIETARY	10.00	5,153	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	33,304	0		4.00
5.00	SUBPROVIDER - IPF	40.00	86,415	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	6,521	0		6.00
7.00	PARTIAL HOSPITALIZATION	91.01	1,942	0		7.00
	O		138,943	0		
AC - PTO ACCRUAL RECLASS PBH						
1.00	FACILITY ENGINEERING	7.01	4,375	0		1.00
2.00	HOUSEKEEPING	9.00	23,918	0		2.00
3.00	DIETARY	10.00	25,996	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	168,006	0		4.00
5.00	SUBPROVIDER - IPF	40.00	435,926	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	32,896	0		6.00
7.00	PARTIAL HOSPITALIZATION	91.01	9,799	0		7.00
	O		700,916	0		
AD - PTO RECLASS HOME HEALTH						
1.00	HOME HEALTH AGENCY	101.00	78,659	0		1.00
	O		78,659	0		
AE - PTO ACCRUAL RECLASS HOME HEALTH						
1.00	HOME HEALTH AGENCY	101.00	1,087,726	0		1.00
	O		1,087,726	0		
AF - PARAMEDICAL EDUCATION						
1.00	PARAMED ED PRGM-(SPECIFY)	23.00	78,680	2,069		1.00
2.00	PARAMED ED PHARMACY	23.02	200,566	0		2.00
	O		279,246	2,069		
AG - DIABETES CLINIC RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	484,223		1.00
	O		0	484,223		
AH - CORPORATE ALLOCATION RECLASS						
1.00	OTHER A&G	5.07	0	57,848,821		1.00
2.00	PREMIER SURGERY CENTER	194.25	0	1,361,613		2.00
	O		0	59,210,434		

RECLASSIFICATIONS

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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
AI - INTERNAL MEDICINE PHYSICIAN RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	329,128	0	1.00
	0		329,128	0	
AK - TELEPHONE EXPENSE RECLASS					
1.00	COMMUNICATIONS	5.01	0	2,035,583	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
50.00		0.00	0	0	50.00
51.00		0.00	0	0	51.00
52.00		0.00	0	0	52.00
53.00		0.00	0	0	53.00
	0		0	2,035,583	
AM - NEW LIFE CENTER NURSING ADMIN					
1.00	ADULTS & PEDIATRICS	30.00	215,403	18,957	1.00
2.00	NURSERY	43.00	125,626	11,056	2.00
	0		341,029	30,013	
AN - OCCUPATIONAL HEALTH					
1.00	OCCUPATIONAL HEALTH	194.07	0	369,923	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
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
	0		0	369,923	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
AO - CONVERSION TABLE RECLASS						
1.00	RECOVERY ROOM	51.00	436,494	1,396,429	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	1,531,581	70,390	2.00	
3.00	SPEECH PATHOLOGY	68.00	654,045	30,059	3.00	
4.00	ELECTROCARDIOLOGY	69.00	1,690,437	202,558	4.00	
5.00	ELECTROENCEPHALOGRAPHY	70.00	219,079	26,251	5.00	
6.00	RECOVERY ROOM	51.00	347,884	1,112,948	6.00	
7.00	OUTPATIENT PHARMACY	15.01	2,645	7,540	7.00	
	O		4,882,165	2,846,175		
AP - NURSERY RECLASS NORTH						
1.00	NURSERY	43.00	1,479,895	701,568	1.00	
	O		1,479,895	701,568		
AQ - NURSERY RECLASS PVHOS						
1.00	NURSERY	43.00	396,745	67,795	1.00	
	O		396,745	67,795		
AR - RECLASS ANESTH TO OR						
1.00	OPERATING ROOM	50.00	0	37,678	1.00	
	O		0	37,678		
500.00	Grand Total: Increases		37,909,404	176,451,580	500.00	

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - DIETARY PERSONNEL							
1.00	DIETARY	10.00	3,506,638	0	0		1.00
	O		3,506,638	0			
B - PHARMACY SALARIES AND SOLUTIONS							
1.00	PHARMACY	15.00	151,521	0	0		1.00
	O		151,521	0			
C - OTHER A&G							
1.00	EMERGENCY	91.00	62,809	0	0		1.00
	O		62,809	0			
D - BLOOD BANK							
1.00	LABORATORY	60.00	620,363	1,184,606	0		1.00
2.00		0.00	0	0	0		2.00
	O		620,363	1,184,606			
F - BLOOD BANK LAB ADMIN							
1.00	LABORATORY	60.00	116,483	0	0		1.00
2.00		0.00	0	0	0		2.00
	O		116,483	0			
I - EQUIPMENT DEPRECIATION							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	26,579,559	9		1.00
	O		0	26,579,559			
J - MED SURG/IV SUPPLIES							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38	0		1.00
2.00	PATIENT SERVICES	5.04	0	4,561	0		2.00
3.00	FACILITY ENGINEERING	7.01	0	1,480	0		3.00
4.00	OTHER A&G	5.07	0	90,975	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	3,753	0		5.00
6.00	PHARMACY	15.00	0	691,705	0		6.00
8.00	IV SOLUTIONS	15.02	0	542,186	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	1,042,111	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	321,700	0		10.00
11.00	PEDIATRIC ICU	31.01	0	15,878	0		11.00
12.00	NEONATAL ICU	31.02	0	85,766	0		12.00
13.00	CORONARY CARE UNIT	32.00	0	650,963	0		13.00
14.00	SUBPROVIDER - IRF	41.00	0	11,360	0		14.00
15.00	SUBPROVIDER - IPF	40.00	0	1,671	0		15.00
16.00	SKILLED NURSING FACILITY	44.00	0	36,445	0		16.00
17.00	OPERATING ROOM	50.00	0	27,491,117	0		17.00
18.00	RECOVERY ROOM	51.00	0	125,609	0		18.00
19.00	ANESTHESIOLOGY	53.00	0	28,444	0		19.00
20.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,700,979	0		20.00
21.00	LABORATORY	60.00	0	54	0		21.00
22.00	RADIOLOGY-THERAPEUTIC	55.00	0	85,683	0		22.00
23.00	RADIOISOTOPE	56.00	0	8,677	0		23.00
24.00	ANATOMICAL PATHOLOGY	60.01	0	5,433	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	360,964	0		25.00
26.00	WOUND CARE	65.01	0	119,550	0		26.00
27.00	DIALYSIS	65.02	0	12,016	0		27.00
28.00	ENDOSCOPY	65.03	0	1,605,192	0		28.00
29.00	PHYSICAL THERAPY	66.00	0	98,860	0		29.00
31.00	NEURO REHAB	68.01	0	2,076	0		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	9,077	0		32.00
33.00	NUTRITION SUPPORT	70.01	0	2,579	0		33.00
34.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	878	0		34.00
35.00	CARDIAC CATH LAB	70.03	0	15,117,333	0		35.00
37.00	EMERGENCY	91.00	0	459,966	0		37.00
38.00	AMBULANCE SERVICES	95.00	0	9,123	0		38.00
39.00	HOME HEALTH AGENCY	101.00	0	247,761	0		39.00
40.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	1,563	0		40.00
41.00	ANTI COAG CLINIC	90.01	0	3,022	0		41.00
42.00	MEDICAL OFFICE BUILDINGS	194.23	0	89	0		42.00
	O		0	52,996,637			
K - OPERATION OF PLANT							
1.00	EDUCARE CTR	194.05	0	38,958	0		1.00
	O		0	38,958			
L - IV SALARIES							
1.00	IV SOLUTIONS	15.02	597,641	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		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
8.00		0.00	0	0	0		8.00
			597,641		0		
M - COST OF DRUGS SOLD							
1.00	PHARMACY	15.00	0	22,430,941	0		1.00
			0	22,430,941			
N - PBH ADMIN COSTS							
1.00	SUBPROVIDER - IPF	40.00	247,903	236,754	0		1.00
			247,903	236,754			
O - FITNESS CENTER							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	117,527	27,706	0		1.00
			117,527	27,706			
S - CAPITAL INSURANCE							
1.00	OTHER A&G	5.07	0	720,695	9		1.00
2.00		0.00	0	0	9		2.00
			0	720,695			
T - HOSPICE RECLASS							
1.00	HOME HEALTH AGENCY	101.00	3,397,208	2,812,030	0		1.00
			3,397,208	2,812,030			
U - ALLOC A&G OVERHEAD TO HHA & HOSPICE							
1.00	HOME HEALTH AGENCY	101.00	473,801	487,010	0		1.00
			473,801	487,010			
W - RECLASS PTO DOLLARS							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	555,636	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		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00
26.00		0.00	0	0	0		26.00
27.00		0.00	0	0	0		27.00
28.00		0.00	0	0	0		28.00
29.00		0.00	0	0	0		29.00
30.00		0.00	0	0	0		30.00
31.00		0.00	0	0	0		31.00
32.00		0.00	0	0	0		32.00
33.00		0.00	0	0	0		33.00
34.00		0.00	0	0	0		34.00
35.00		0.00	0	0	0		35.00
36.00		0.00	0	0	0		36.00
37.00		0.00	0	0	0		37.00
38.00		0.00	0	0	0		38.00
39.00		0.00	0	0	0		39.00
			555,636	0			
Y - EMPLOYEE BENEFIT RECLASS							
1.00	OTHER A&G	5.07	0	2,345	0		1.00
2.00	REHAB ADMIN	17.01	0	2,604	0		2.00
3.00		0.00	0	0	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	2,848,643	0		4.00
5.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	32,588	0		5.00
6.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	265,043	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
			0	3,151,223			

RECLASSIFICATIONS

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
Z - PTO ACCRUAL RECLASS PVHOS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	16,421,491	0	0	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	642	0	0	2.00
3.00	STUCKY RESEARCH CTR	194.06	1,353	0	0	3.00
4.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	3,529	0	0	4.00
5.00		0.00	0	0	0	5.00
6.00		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00
17.00		0.00	0	0	0	17.00
18.00		0.00	0	0	0	18.00
19.00		0.00	0	0	0	19.00
20.00		0.00	0	0	0	20.00
21.00		0.00	0	0	0	21.00
22.00		0.00	0	0	0	22.00
23.00		0.00	0	0	0	23.00
24.00		0.00	0	0	0	24.00
25.00		0.00	0	0	0	25.00
26.00		0.00	0	0	0	26.00
28.00		0.00	0	0	0	28.00
29.00		0.00	0	0	0	29.00
30.00		0.00	0	0	0	30.00
31.00		0.00	0	0	0	31.00
32.00		0.00	0	0	0	32.00
33.00		0.00	0	0	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
39.00		0.00	0	0	0	39.00
40.00		0.00	0	0	0	40.00
41.00		0.00	0	0	0	41.00
42.00		0.00	0	0	0	42.00
43.00		0.00	0	0	0	43.00
44.00		0.00	0	0	0	44.00
45.00		0.00	0	0	0	45.00
46.00		0.00	0	0	0	46.00
47.00		0.00	0	0	0	47.00
48.00		0.00	0	0	0	48.00
49.00		0.00	0	0	0	49.00
50.00		0.00	0	0	0	50.00
51.00		0.00	0	0	0	51.00
52.00		0.00	0	0	0	52.00
53.00		0.00	0	0	0	53.00
54.00		0.00	0	0	0	54.00
0			16,427,015	0	0	
AA - PTO RECLASS PVN						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,920,407	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		0.00	0	0	0	6.00
7.00		0.00	0	0	0	7.00
8.00		0.00	0	0	0	8.00
9.00		0.00	0	0	0	9.00
10.00		0.00	0	0	0	10.00
11.00		0.00	0	0	0	11.00
12.00		0.00	0	0	0	12.00
13.00		0.00	0	0	0	13.00
14.00		0.00	0	0	0	14.00
15.00		0.00	0	0	0	15.00
16.00		0.00	0	0	0	16.00

RECLASSIFICATIONS

Provider CCN: 150021

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

Worksheet A-6

Date/Time Prepared:
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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
17.00		0.00	0	0	0	0		17.00
18.00		0.00	0	0	0	0		18.00
19.00		0.00	0	0	0	0		19.00
20.00		0.00	0	0	0	0		20.00
21.00		0.00	0	0	0	0		21.00
22.00		0.00	0	0	0	0		22.00
23.00		0.00	0	0	0	0		23.00
24.00		0.00	0	0	0	0		24.00
25.00		0.00	0	0	0	0		25.00
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
38.00		0.00	0	0	0	0		38.00
39.00		0.00	0	0	0	0		39.00
40.00		0.00	0	0	0	0		40.00
41.00		0.00	0	0	0	0		41.00
42.00		0.00	0	0	0	0		42.00
43.00		0.00	0	0	0	0		43.00
44.00		0.00	0	0	0	0		44.00
45.00		0.00	0	0	0	0		45.00
46.00		0.00	0	0	0	0		46.00
47.00		0.00	0	0	0	0		47.00
48.00		0.00	0	0	0	0		48.00
49.00		0.00	0	0	0	0		49.00
0			1,920,407	0				
AB - PTO RECLASS PBH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	138,943	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			138,943	0				
AC - PTO ACCRUAL RECLASS PBH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	700,916	0	0	0		1.00
2.00		0.00	0	0	0	0		2.00
3.00		0.00	0	0	0	0		3.00
4.00		0.00	0	0	0	0		4.00
5.00		0.00	0	0	0	0		5.00
6.00		0.00	0	0	0	0		6.00
7.00		0.00	0	0	0	0		7.00
0			700,916	0				
AD - PTO RECLASS HOME HEALTH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	78,659	0	0	0		1.00
0			78,659	0				
AE - PTO ACCRUAL RECLASS HOME HEALTH								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,087,726	0	0	0		1.00
0			1,087,726	0				
AF - PARAMEDICAL EDUCATION								
1.00	LABORATORY	60.00	78,680	2,069	0	0		1.00
2.00	PHARMACY	15.00	200,566	0	0	0		2.00
0			279,246	2,069				
AG - DIABETES CLINIC RECLASS								
1.00	CLINIC	90.00	0	484,223	0	0		1.00
0				484,223				
AH - CORPORATE ALLOCATION RECLASS								
1.00	OTHER A&G	5.07	57,848,821	0	0	0		1.00
2.00	PREMIER SURGERY CENTER	194.25	1,361,613	0	0	0		2.00
0			59,210,434	0				
AI - INTERNAL MEDICINE PHYSICIAN RECLASS								
1.00	OTHER A&G	5.07	329,128	0	0	0		1.00
0			329,128	0				

RECLASSIFICATIONS

Provider CCN: 150021

Period:
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Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
AK - TELEPHONE EXPENSE RECLASS							
1.00	PATIENT SERVICES	5.04	0	613	0		1.00
2.00	OTHER A&G	5.07	0	1,595,284	0		2.00
3.00	OPERATION OF PLANT	7.00	0	1,991	0		3.00
4.00	FACILITY ENGINEERING	7.01	0	9,202	0		4.00
5.00	HOUSEKEEPING	9.00	0	18,753	0		5.00
6.00	DIETARY	10.00	0	4,292	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	1,622	0		7.00
9.00	PHARMACY	15.00	0	2,026	0		9.00
10.00	SOCIAL SERVICE	17.00	0	1,970	0		10.00
11.00	REHAB ADMIN	17.01	0	899	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	3,022	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	0	756	0		13.00
14.00	PEDIATRIC ICU	31.01	0	118	0		14.00
15.00	NEONATAL ICU	31.02	0	149	0		15.00
16.00	CORONARY CARE UNIT	32.00	0	1,206	0		16.00
17.00	SUBPROVIDER - IRF	41.00	0	87	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	90,575	0		18.00
19.00	SKILLED NURSING FACILITY	44.00	0	1,879	0		19.00
20.00	OPERATING ROOM	50.00	0	8,993	0		20.00
21.00	RECOVERY ROOM	51.00	0	6,568	0		21.00
22.00	DELIVERY ROOM & LABOR ROOM	52.00	0	600	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,019	0		23.00
25.00	RADIOLOGY - CMP	54.06	0	74	0		25.00
26.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,196	0		26.00
27.00	RADIOISOTOPE	56.00	0	446	0		27.00
28.00	LABORATORY	60.00	0	9,894	0		28.00
29.00	ANATOMICAL PATHOLOGY	60.01	0	216	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	3,475	0		30.00
31.00	WOUND CARE	65.01	0	400	0		31.00
32.00	DIALYSIS	65.02	0	236	0		32.00
33.00	ENDOSCOPY	65.03	0	4,182	0		33.00
34.00	PHYSICAL THERAPY	66.00	0	3,575	0		34.00
35.00	OCCUPATIONAL THERAPY	67.00	0	392	0		35.00
37.00	NEURO REHAB	68.01	0	311	0		37.00
38.00	ELECTROCARDIOLOGY	69.00	0	146	0		38.00
39.00	ELECTROENCEPHALOGRAPHY	70.00	0	341	0		39.00
40.00	NUTRITION SUPPORT	70.01	0	1,321	0		40.00
41.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	119	0		41.00
42.00	CARDIAC CATH LAB	70.03	0	9,810	0		42.00
43.00	CARDIAC REHA SERVICES	70.04	0	74	0		43.00
44.00	EMERGENCY	91.00	0	5,054	0		44.00
45.00	PARTIAL HOSPITALIZATION	91.01	0	81	0		45.00
46.00	AMBULANCE SERVICES	95.00	0	11,482	0		46.00
47.00	HOME HEALTH AGENCY	101.00	0	216,322	0		47.00
48.00	EDUCARE CTR	194.05	0	74	0		48.00
49.00	SCHOOL NURSE/COMMUNITY OUTREACH	194.15	0	6,274	0		49.00
50.00	BREAST DIAGNOSTIC CTR	194.18	0	1,695	0		50.00
51.00	OUTPATIENT PHARMACY	15.01	0	74	0		51.00
52.00	IV SOLUTIONS	15.02	0	442	0		52.00
53.00	STUCKY RESEARCH CTR	194.06	0	2,253	0		53.00
0			0	2,035,583			
AM - NEW LIFE CENTER NURSING ADMIN							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	341,029	30,013	0		1.00
2.00		0.00	0	0	0		2.00
0			341,029	30,013			
AN - OCCUPATIONAL HEALTH							
1.00	PHARMACY	15.00	0	20,945	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	103,697	0		2.00
3.00	LABORATORY	60.00	0	4,479	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	3,169	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	313	0		5.00
6.00	RADIOISOTOPE	56.00	0	2,663	0		6.00
8.00	NEURO REHAB	68.01	0	48,149	0		8.00
9.00	ELECTROCARDIOLOGY	69.00	0	784	0		9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	8,506	0		10.00
11.00	ANTI COAG CLINIC	90.01	0	236	0		11.00
12.00	EMERGENCY	91.00	0	176,982	0		12.00
0			0	369,923			

RECLASSIFICATIONS

Provider CCN: 150021

Period:
From 01/01/2014
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Worksheet A-6

Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
AO - CONVERSION TABLE RECLASS						
1.00	OPERATING ROOM	50.00	436,494	1,396,429	0	1.00
2.00	PHYSICAL THERAPY	66.00	1,531,581	70,390	0	2.00
3.00	PHYSICAL THERAPY	66.00	654,045	30,059	0	3.00
4.00	RESPIRATORY THERAPY	65.00	1,690,437	202,558	0	4.00
5.00	RESPIRATORY THERAPY	65.00	219,079	26,251	0	5.00
6.00	OPERATING ROOM	50.00	347,884	1,112,948	0	6.00
7.00	PHARMACY	15.00	2,645	7,540	0	7.00
	O		4,882,165	2,846,175		
AP - NURSERY RECLASS NORTH						
1.00	ADULTS & PEDIATRICS	30.00	1,479,895	701,568	0	1.00
	O		1,479,895	701,568		
AQ - NURSERY RECLASS PVHOS						
1.00	ADULTS & PEDIATRICS	30.00	396,745	67,795	0	1.00
	O		396,745	67,795		
AR - RECLASS ANESTH TO OR						
1.00	ANESTHESIOLOGY	53.00	0	37,678	0	1.00
	O		0	37,678		
500.00	Grand Total: Decreases		97,119,838	117,241,146		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150021

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

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,760,319	0	0	0	1.00
2.00	Land Improvements	63,402,375	236,021	0	236,021	2.00
3.00	Buildings and Fixtures	709,884,766	3,386,784	0	3,386,784	3.00
4.00	Building Improvements	9,508,702	0	0	0	4.00
5.00	Fixed Equipment	18,810,220	0	0	0	5.00
6.00	Movable Equipment	166,731,112	1,424,428	0	1,424,428	6.00
7.00	HIT designated Assets	26,361,467	4,207,531	0	4,207,531	7.00
8.00	Subtotal (sum of lines 1-7)	1,001,458,961	9,254,764	0	9,254,764	8.00
9.00	Reconciling Items	-1,042,074	0	0	0	9.00
10.00	Total (line 8 minus line 9)	1,002,501,035	9,254,764	0	9,254,764	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	6,760,319	0			1.00
2.00	Land Improvements	63,230,093	5,058,284			2.00
3.00	Buildings and Fixtures	705,007,707	83,095,697			3.00
4.00	Building Improvements	9,508,702	717,426			4.00
5.00	Fixed Equipment	18,810,071	189,215			5.00
6.00	Movable Equipment	164,944,572	88,098,124			6.00
7.00	HIT designated Assets	30,568,998	0			7.00
8.00	Subtotal (sum of lines 1-7)	998,830,462	177,158,746			8.00
9.00	Reconciling Items	-2,534,959	0			9.00
10.00	Total (line 8 minus line 9)	1,001,365,421	177,158,746			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150021

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	46,497,221	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	46,497,221	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	46,497,221				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	46,497,221				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150021

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	803,316,892	0	803,316,892	0.813326	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	195,513,570	11,136,366	184,377,204	0.186674	0	2.00
3.00	Total (sum of lines 1-2)	998,830,462	11,136,366	987,694,096	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	CAP REL COSTS-BLDG & FIXT	0	0	0	20,279,730	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	26,500,847	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	46,780,577	0	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	CAP REL COSTS-BLDG & FIXT	0	0	0	0	20,279,730	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	26,500,847	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	46,780,577	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150021

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 11:00 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,213,231	CAP REL COSTS-BLDG & FIXT	1.00	9	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	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	-3,880	OPERATION OF PLANT	7.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-2,692,707			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-4,471,337			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	A	-862,532	DIETARY	10.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-459,358	OUTPATIENT PHARMACY	15.01	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER ADJUSTMENTS (SPECIFY) (3)		0		0.00	0	33.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150021

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

Worksheet A-8

Date/Time Prepared:
5/27/2015 11:00 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
37.04 FITNESS CENTER EMPLOYEE REVENUE	B	-156,142	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.04
37.05 HEALTH FITNESS EMPLOYEE DUES	B	-934	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	37.05
37.06 NONALLOWABLE LOBBYING FEES	A	-42,286	OTHER A&G		5.07	0	37.06
37.09 CAPITAL COST NEW B&F	A	4,284,481	CAP REL COSTS-BLDG & FIXT		1.00	9	37.09
37.10 CAPITAL COST NEW M&E	A	28,997	CAP REL COSTS-MVBLE EQUIP		2.00	9	37.10
38.00 TELEMETRY	A	-84,103	ADULTS & PEDIATRICS		30.00	0	38.00
38.06 SELF FUNDED INSURANCE ADJUSTMEN	A	-33,793,949	EMPLOYEE BENEFITS DEPARTMENT		4.00	0	38.06
38.36 CAPITAL COSTS NEW M&E	A	-158,531	CAP REL COSTS-BLDG & FIXT		1.00	9	38.36
39.02 LIQUOR EXPENSE	A	-16,457	OTHER A&G		5.07	0	39.02
39.07 TELEPHONE OFFSET	A	-64	CAP REL COSTS-BLDG & FIXT		1.00	9	39.07
39.08 TELEPHONE OFFSET	A	-307,442	CAP REL COSTS-MVBLE EQUIP		2.00	9	39.08
39.09 CAFETERIA EMPLOYEE ADJUSTMENT	B	-2,616,198	DIETARY		10.00	0	39.09
40.00 OFFSET DIATETIC REVENUE	B	-3,511,259	DIETARY		10.00	0	40.00
40.02 OFFSET LAB SERVICES BILLED	B	-2,049,998	LABORATORY		60.00	0	40.02
40.03 OFFSET LAB SERVICES BILLED	B	-1,476,559	LABORATORY		60.00	0	40.03
40.04 OFFSET LAB SERVICES BILLED	B	-1,679,049	LABORATORY		60.00	0	40.04
40.06 LAB SERVICES BILLED	B	-4,428,846	LABORATORY		60.00	0	40.06
40.09 OFFSET OTHER OPERATING REVENUE	B	-8,705	PHARMACY		15.00	0	40.09
40.13 OFFSET LAB SERVICES BILLED AVIL	B	-70,047	LABORATORY		60.00	0	40.13
40.14 OFFSET LAB SERVICES BILLED LAGR	B	-843,681	LABORATORY		60.00	0	40.14
41.08 VENDING MACHINES	A	-12,471	CAP REL COSTS-BLDG & FIXT		1.00	9	41.08
41.09 VENDING MACHINES	A	-152	OTHER A&G		5.07	0	41.09
41.10 VENDING MACHINES	A	-286	OTHER A&G		5.07	0	41.10
42.00 INERUNIT RENT INCOME OFFSET	B	-34,919	RADIOLOGY - PULM CLINIC		54.08	0	42.00
43.00 RENTAL PROPERTY ADJUSTMENT	A	-136,822	OTHER A&G		5.07	0	43.00
44.00 FILM DUPLICATION	B	-244	RADIOLOGY-DIAGNOSTIC		54.00	0	44.00
45.00 GOODWILL HHA	A	-361	HOME HEALTH AGENCY		101.00	0	45.00
46.01 INTEREST EXPENSE	A	-40,007	MED SURG SUPPLY		15.03	0	46.01
47.01 MEDICAL PARK 11	A	-581,884	MEDICAL OFFICE BUILDINGS		194.23	0	47.01
47.03 HOPD LIBERTY MILLS	A	56,552	LABORATORY		60.00	0	47.03
47.04 HOPD LIBERTY MILLS	A	56,552	RADIOLOGY-DIAGNOSTIC		54.00	0	47.04
48.04 OFFSET PULM REHAB REVENUE	B	-5,994	RESPIRATORY THERAPY		65.00	0	48.04
48.11 OFFSET HHC REVENUE	B	-445	HOME HEALTH AGENCY		101.00	0	48.11
48.15 OFFSET PARK CENTER REVENUE	B	-42,945	SUBPROVIDER - IPF		40.00	0	48.15
49.07 GROSS UP BREAST DIAGNOSTIC EXP	A	-7,868	BREAST DIAGNOSTIC CTR		194.18	0	49.07
49.17 INDIANA SALES TAX DISCOUNT	B	-227,587	OTHER A&G		5.07	0	49.17
49.20 INTERUNIT RENT EXPENSE	A	-1,772	CLINIC		90.00	0	49.20
49.21 INTERUNIT RENT EXPENSE	A	-149,638	NEURO REHAB		68.01	0	49.21
49.22 INTERUNIT RENT EXPENSE	A	-542,281	ENDOSCOPY		65.03	0	49.22
49.24 INTERUNIT RENT EXPENSE	A	-129,942	OUTPATIENT PHARMACY		15.01	0	49.24
49.25 INTERUNIT RENT EXPENSE	A	-44,854	SCHOOL NURSE/COMMUNITY OUTREACH		194.15	0	49.25
49.26 INTERUNIT RENT EXPENSE	A	-269,993	RADIOLOGY-DIAGNOSTIC		54.00	0	49.26
49.28 INTERUNIT RENT EXPENSE	A	-36,383	RADIOLOGY - NHMP		54.05	0	49.28
49.29 INTERUNIT RENT EXPENSE	A	-88,126	RADIOLOGY - WP		54.07	0	49.29
49.30 INTERUNIT RENT EXPENSE	A	66,480	LABORATORY		60.00	0	49.30
49.31 INTERUNIT RENT EXPENSE	A	-52,541	PHYSICAL THERAPY		66.00	0	49.31
49.33 INTERUNIT RENT EXPENSE	A	-326,984	HOME HEALTH AGENCY		101.00	0	49.33
49.34 COMMUNITY BENEFIT	A	-3,000	OTHER A&G		5.07	0	49.34
49.36 OFFSET ONCOLOGY RENT INCOME	B	-49,342	RADIOLOGY-THERAPEUTIC		55.00	0	49.36
49.38 OFFSET NUTRITION CLASS REVENUE	B	-2,448	NUTRITION SUPPORT		70.01	0	49.38
49.44 INTERUNIT RENT EXPENSE	A	-523,578	OTHER A&G		5.07	0	49.44
49.45 INERUNIT RENT EXPENSE	A	-716,792	RADIOLOGY-THERAPEUTIC		55.00	0	49.45
49.46 INTERUNIT RENT EXPENSE	A	-296,233	PREMIER SURGERY CENTER		194.25	0	49.46
49.48 REMOVE PMG LOSSES ALLOC TO PARKVIEW	A	-55	NEONATAL ICU		31.02	0	49.48
49.49 REMOVE PMG LOSSES ALLOC TO PARKVIEW	A	-77,642	SUBPROVIDER - IPF		40.00	0	49.49
49.50 REMOVE PMG LOSSES ALLOC TO PARKVIEW	A	-5	DELIVERY ROOM & LABOR ROOM		52.00	0	49.50
49.51 REMOVE PMG LOSSES ALLOC TO PARKVIEW	A	-1	WOUND CARE		65.01	0	49.51
49.52 REMOVE PMG LOSSES ALLOC TO PARKVIEW	A	77,642	OCCUPATIONAL THERAPY		67.00	0	49.52
49.53 REMOVE PMG LOSSES ALLOC TO PARKVIEW	A	-112	SCHOOL NURSE/COMMUNITY OUTREACH		194.15	0	49.53

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
49.63	A&G OTHER REVENUE	B	-254,924	OTHER A&G	5.07	0 49.63
49.75	FACILITY ENGINEERING OTHER REVE	B	-55	FACILITY ENGINEERING	7.01	0 49.75
49.78	ANESTHESIOLOGIST PROFESSIONAL F	A	-3,763,864	ANESTHESIOLOGY	53.00	0 49.78
49.79	REMOVE PMG LOSSES ALLOCATED TO	A	-47,810,812	OTHER A&G	5.07	0 49.79
49.80	REMOVE PMG LOSSES ALLOCATED TO	A	-387	DIETARY	10.00	0 49.80
49.81	REMOVE PMG LOSSES ALLOCATED TO	A	-23	PHARMACY	15.00	0 49.81
49.83	REMOVE PMG LOSSES ALLOCATED TO	A	-304	ADULTS & PEDIATRICS	30.00	0 49.83
49.84	REMOVE PMG LOSSES ALLOCATED TO	A	-14	PEDIATRIC ICU	31.01	0 49.84
49.85	REMOVE PMG LOSSES ALLOCATED TO	A	-726	OPERATING ROOM	50.00	0 49.85
49.86	REMOVE PMG LOSSES ALLOCATED TO	A	-497	RADIOLOGY-DIAGNOSTIC	54.00	0 49.86
49.87	REMOVE PMG LOSSES ALLOCATED TO	A	-239	RADIOLOGY - PULM CLINIC	54.08	0 49.87
49.88	REMOVE PMG LOSSES ALLOCATED TO	A	-5,642	RADIOLOGY-THERAPEUTIC	55.00	0 49.88
49.89	REMOVE PMG LOSSES ALLOCATED TO	A	-5,106	LABORATORY	60.00	0 49.89
49.90	REMOVE PMG LOSSES ALLOCATED TO	A	-9	WHOLE BLOOD & PACKED RED BLOOD CELL	62.00	0 49.90
49.91	REMOVE PMG LOSSES ALLOCATED TO	A	-228	RESPIRATORY THERAPY	65.00	0 49.91
49.92	REMOVE LOSSES ALLOCATED TO PARK	A	-1,670	ENDOSCOPY	65.03	0 49.92
49.93	REMOVE LOSSES ALLOCATED TO PARK	A	-5	PHYSICAL THERAPY	66.00	0 49.93
49.94	REMOVE PMG LOSSES ALLOCATED TO	A	-164	ELECTROENCEPHALOGRAPHY	70.00	0 49.94
49.95	REMOVE PMG LOSSES ALLOCATED TO	A	-139	CLINIC	90.00	0 49.95
49.96	REMOVE PMG LOSSES ALLOCATED TO	A	-218	EMERGENCY	91.00	0 49.96
49.97	REMOVE PMG LOSSES ALLOCATED TO	A	-6,827	HOME HEALTH AGENCY	101.00	0 49.97
49.98	REMOVE PMG LOSSES ALLOCATED TO	A	-2,262	STUCKY RESEARCH CTR	194.06	0 49.98
49.99	REMOVE PMG LOSSES ALLOCATED TO	A	-14	MEDICAL OFFICE BUILDINGS	194.23	0 49.99
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-115,634,427			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: 150021

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 11:00 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	CAP REL COSTS-BLDG & FIXT	HOME OFFICE COST REPORT	0	59,078 1.00
2.00	7.01	FACILITY ENGINEERING	HOME OFFICE COST REPORT	0	1,043,238 2.00
3.00	8.00	LAUNDRY & LINEN SERVICE	PURCHASED SERVICES	2,242,806	1,957,167 3.00
4.00	0.00			0	0 4.00
4.04	4.00	EMPLOYEE BENEFITS DEPARTMENT	MANAGED CARE SERVICES	3,372,606	3,496,636 4.04
4.06	5.07	OTHER A&G	HOME OFFICE COST REPORT	104,904,874	107,137,000 4.06
4.07	8.00	LAUNDRY & LINEN SERVICE	CARRY FORWARD	123,882	0 4.07
4.09	194.25	PREMIER SURGERY CENTER	HOME OFFICE COST REPORT	0	1,422,386 4.09
4.11	0.00			0	0 4.11
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			110,644,168	115,115,505 5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

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

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

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

6.00	C		0.00	HOSPITAL LAUNDR	33.00	6.00
7.00	B		0.00	PV HEALTH SYSTEM	100.00	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: 150021

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

Worksheet A-8-1

Date/Time Prepared:
5/27/2015 11:00 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	-59,078	9		1.00
2.00	-1,043,238	0		2.00
3.00	285,639	0		3.00
4.00	0	0		4.00
4.04	-124,030	0		4.04
4.06	-2,232,126	0		4.06
4.07	123,882	0		4.07
4.09	-1,422,386	0		4.09
4.11	0	0		4.11
5.00	-4,471,337			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Related Organization(s) and/or Home Office	Type of Business		
		6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	LAUNDRY		6.00
7.00	HOME OFFICE		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: 150021

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

Worksheet A-8-2

Date/Time Prepared:
5/27/2015 11:00 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	5.07	DR. A	205,205	0	205,205	171,400	1,161	1.00
2.00	5.07	DR. B	88,208	0	88,208	171,400	240	2.00
3.00	5.07	DR. C	341,510	0	341,510	171,400	1,993	3.00
4.00	5.07	DR. D	8,000	0	8,000	171,400	65	4.00
5.00	31.01	DR. E	171,503	165,096	6,407	171,400	45	5.00
6.00	41.00	DR. F	40,000	21,184	18,816	171,400	159	6.00
7.00	41.00	DR. G	3,420	0	3,420	171,400	28	7.00
8.00	41.00	DR. H	26,042	0	26,042	171,400	217	8.00
9.00	55.00	DR. I	104,354	0	104,354	171,400	477	9.00
10.00	60.00	AGGREGATE-LABORATORY	200,000	0	200,000	219,500	2,330	10.00
11.00	65.00	DR. J	6,328	0	6,328	171,400	56	11.00
12.00	65.01	DR. K	31,500	0	31,500	171,400	180	12.00
13.00	68.01	DR. L	1,045	0	1,045	171,400	11	13.00
14.00	91.00	DR. M	191,116	0	191,116	171,400	1,248	14.00
15.00	91.00	DR. N	54,983	0	54,983	171,400	374	15.00
16.00	91.00	AGGREGATE-EMERGENCY	1,934,847	1,934,847	0	171,400	0	16.00
200.00			3,408,061	2,121,127	1,286,934		8,584	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	5.07	DR. A	95,671	4,784	0	0	0	1.00
2.00	5.07	DR. B	19,777	989	0	0	0	2.00
3.00	5.07	DR. C	164,231	8,212	0	0	0	3.00
4.00	5.07	DR. D	5,356	268	0	0	0	4.00
5.00	31.01	DR. E	3,708	185	0	0	0	5.00
6.00	41.00	DR. F	13,102	655	0	0	0	6.00
7.00	41.00	DR. G	2,307	115	0	0	0	7.00
8.00	41.00	DR. H	17,882	894	0	0	0	8.00
9.00	55.00	DR. I	39,307	1,965	0	0	0	9.00
10.00	60.00	AGGREGATE-LABORATORY	245,882	12,294	0	0	0	10.00
11.00	65.00	DR. J	4,615	231	0	0	0	11.00
12.00	65.01	DR. K	14,833	742	0	0	0	12.00
13.00	68.01	DR. L	906	45	0	0	0	13.00
14.00	91.00	DR. M	102,840	5,142	0	0	0	14.00
15.00	91.00	DR. N	30,819	1,541	0	0	0	15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	16.00
200.00			761,236	38,062	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	5.07	DR. A	0	95,671	109,534	109,534	1.00
2.00	5.07	DR. B	0	19,777	68,431	68,431	2.00
3.00	5.07	DR. C	0	164,231	177,279	177,279	3.00
4.00	5.07	DR. D	0	5,356	2,644	2,644	4.00
5.00	31.01	DR. E	0	3,708	2,699	167,795	5.00
6.00	41.00	DR. F	0	13,102	5,714	26,898	6.00
7.00	41.00	DR. G	0	2,307	1,113	1,113	7.00
8.00	41.00	DR. H	0	17,882	8,160	8,160	8.00
9.00	55.00	DR. I	0	39,307	65,047	65,047	9.00
10.00	60.00	AGGREGATE-LABORATORY	0	245,882	0	0	10.00
11.00	65.00	DR. J	0	4,615	1,713	1,713	11.00
12.00	65.01	DR. K	0	14,833	16,667	16,667	12.00
13.00	68.01	DR. L	0	906	139	139	13.00
14.00	91.00	DR. M	0	102,840	88,276	88,276	14.00
15.00	91.00	DR. N	0	30,819	24,164	24,164	15.00
16.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,934,847	16.00
200.00			0	761,236	571,580	2,692,707	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	20,279,730	20,279,730			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	26,500,847		26,500,847		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	35,337,203	439,594	15,778	35,792,575	4.00
5.01 00540	COMMUNICATIONS	2,035,583	0	38,881	0	5.01
5.02 00550	DATA PROCESSING	0	229,096	0	0	5.02
5.03 00560	MATERIALS MANAGEMENT	0	99,848	0	0	5.03
5.04 00570	PATIENT SERVICES	2,665,181	96,711	0	316,453	5.04
5.05 00580	PATIENT ACCOUNTING	0	3,394	0	0	5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07 00590	OTHER A&G	121,944,853	1,120,363	1,521,707	8,318,597	5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	22	1,369	0	0	5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,055,263	1,942,951	501,591	0	7.00
7.01 00701	FACILITY ENGINEERING	6,577,036	1,524,155	219,160	707,696	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	2,807,293	23,104	0	47,064	8.00
9.00 00900	HOUSEKEEPING	5,712,954	387,815	59,682	730,713	9.00
10.00 01000	DIETARY	743,654	721,101	648,265	266,631	10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	3,506,638	0	0	532,967	10.01
10.02 01002	CAFETERIA	0	0	0	0	10.02
10.03 01003	PREADMITS AND ER	0	0	0	0	10.03
11.00 01100	CAFETERIA	0	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,635,033	40,859	2,576	393,411	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	242,322	0	0	14.00
15.00 01500	PHARMACY	11,162,441	213,155	2,307,363	1,272,661	15.00
15.01 01501	OUTPATIENT PHARMACY	10,965,705	67,673	3,479	124,529	15.01
15.02 01502	IV SOLUTIONS	1,657,979	0	33,730	82,832	15.02
15.03 01503	MED SURG SUPPLY	51,388,909	0	0	0	15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	148,478	0	0	16.00
17.00 01700	SOCIAL SERVICE	4,173,920	94,218	11,101	449,472	17.00
17.01 01701	REHAB ADMIN	515,450	0	153	54,901	17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,923,127	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	80,749	3,113	0	11,958	23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02 02302	PARAMED ED PHARMACY	200,566	3,511	0	30,484	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,358,889	3,044,452	1,753,794	4,967,210	30.00
31.00 03100	INTENSIVE CARE UNIT	4,808,079	233,169	361,472	674,288	31.00
31.01 03101	PEDIATRIC ICU	1,105,652	72,495	123,370	126,941	31.01
31.02 03102	NEONATAL ICU	3,856,602	258,438	0	511,838	31.02
32.00 03200	CORONARY CARE UNIT	15,045,833	660,146	952,838	2,051,872	32.00
40.00 04000	SUBPROVIDER - IPF	6,443,798	533,321	58,200	871,962	40.00
41.00 04100	SUBPROVIDER - IRF	1,892,841	259,000	41,917	269,277	41.00
43.00 04300	NURSERY	2,782,685	47,413	215,772	304,320	43.00
44.00 04400	SKILLED NURSING FACILITY	3,043,607	312,371	32,750	424,758	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,432,482	1,471,088	2,851,339	1,331,674	50.00
50.01 05001	CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	6,136,445	686,387	135,475	506,499	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	42,558	323,899	0	6,560	52.00
53.00 05300	ANESTHESIOLOGY	-237	3,874	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,085,540	457,677	3,788,373	1,426,452	54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405	RADIOLOGY - NHMP	202,254	28,230	0	28,279	54.05
54.06 05406	RADIOLOGY - CMP	976	0	577	0	54.06
54.07 05407	RADIOLOGY - WP	9,253	0	550	0	54.07
54.08 05408	RADIOLOGY - PULM CLINIC	26,875	40,637	24,785	5,996	54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	4,751,396	453,616	2,202,093	434,725	55.00
56.00 05600	RADIOISOTOPE	415,909	71,395	217,724	51,862	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	947,677	195,576	544,334	88,578	58.00
60.00 06000	LABORATORY	12,098,394	498,618	1,202,403	1,750,691	60.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

Period:
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To 12/31/2014

Worksheet B
Part I
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS		
			BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00	4.00	5.01		
60.01	06001	ANATOMICAL PATHOLOGY	1,205,734	16,011	76,016	74,874	2,702	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,751,514	0	0	83,704	901	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	2,944,385	151,603	465,063	449,667	17,410	65.00
65.01	06501	WOUND CARE	1,907,160	41,749	34,254	88,336	0	65.01
65.02	06502	DIALYSIS	1,449,115	47,168	14,248	7,238	1,501	65.02
65.03	03330	ENDOSCOPY	3,276,917	344,932	1,074,173	314,589	3,602	65.03
66.00	06600	PHYSICAL THERAPY	3,462,129	228,253	49,046	505,060	4,503	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	1,941,017	15,964	0	283,676	300	67.00
68.00	06800	SPEECH PATHOLOGY	684,104	0	0	99,407	300	68.00
68.01	06801	NEURO REHAB	1,152,119	92,146	14,714	168,322	5,103	68.01
69.00	06900	ELECTROCARDIOLOGY	2,305,727	0	0	298,644	1,201	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	415,457	17,252	44,655	55,611	300	70.00
70.01	03950	NUTRITION SUPPORT	676,684	0	1,011	88,726	3,002	70.01
70.03	03952	CARDIAC CATH LAB	5,505,126	350,643	1,084,810	485,648	42,624	70.03
70.04	03953	CARDIAC REHA SERVICES	100,093	35,592	11,206	13,353	4,202	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,961	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,430,941	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	251,318	18,504	140	454	2,702	90.00
90.01	09001	ANTI COAG CLINIC	1,450,379	38,998	2,550	135,068	3,302	90.01
91.00	09100	EMERGENCY	8,976,115	766,349	380,894	1,186,170	56,732	91.00
91.01	09101	PARTIAL HOSPITALIZATION	101,851	11,470	0	15,160	600	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	7,526,087	77,551	2,794,319	369,547	4,503	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	7,951,185	201,650	39,735	918,771	27,916	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,170,049	0	0	588,347	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	538,992,850	19,510,467	25,968,027	35,404,523	2,016,533	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	377,423	51,369	5,597	15,171	2,101	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	11,406	194.00
194.01	07951	TELEVISION	0	0	0	0	600	194.01
194.02	07952	PHYSICIAN PRACTICES	0	1,030	0	0	0	194.02
194.03	07953	OP CLINIC	379,364	0	3	0	1,201	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	675,305	188,120	2,904	10,175	300	194.05
194.06	07956	STUCKY RESEARCH CTR	1,348,881	13,237	502,730	153,438	600	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	45,154	0	0	5,403	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,567,258	0	0	11,938	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	343,778	54,740	217	18,572	600	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,822,753	14,326	1,117	127,720	1,801	194.15
194.16	07966	FITNESS	145,233	0	0	17,863	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	11,728	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	10,673	22,004	0	0	2,101	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	767	104,775	3,745	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	262,498	55,138	16,507	28,557	600	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	10,468,037	207,642	0	4,618	31,218	194.25

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	556,394,820	20,279,730	26,500,847	35,792,575	2,074,464	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
			5.02	5.03	5.04	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING	638,826					5.02
5.03	00560	MATERIALS MANAGEMENT	0	135,268				5.03
5.04	00570	PATIENT SERVICES	6,343	165	3,202,519			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	0	75,134		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	0	5.06
5.07	00590	OTHER A&G	13,392	1,104	0	0	0	5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	0	5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	225	0	0	0	7.00
7.01	00701	FACILITY ENGINEERING	17,492	1,187	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,114	918	0	0	0	8.00
9.00	00900	HOUSEKEEPING	35,241	1,362	0	0	0	9.00
10.00	01000	DIETARY	34,216	1,132	0	0	0	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS ANDER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	5,959	445	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500	PHARMACY	19,735	700	0	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	2,050	28	0	0	0	15.01
15.02	01502	I V SOLUTIONS	2,691	519	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	81,047	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	8,330	19	0	0	0	17.00
17.01	01701	REHAB ADMIN	897	6	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	119,822	4,864	416,930	6,424	0	30.00
31.00	03100	INTENSIVE CARE UNIT	14,994	921	53,571	701	0	31.00
31.01	03101	PEDIATRIC ICU	2,114	51	5,720	75	0	31.01
31.02	03102	NEONATAL ICU	9,868	497	65,467	857	0	31.02
32.00	03200	CORONARY CARE UNIT	43,571	2,210	149,394	1,956	0	32.00
40.00	04000	SUBPROVIDER - IPF	20,888	252	65,408	856	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,343	157	17,903	234	0	41.00
43.00	04300	NURSERY	0	0	11,434	150	0	43.00
44.00	04400	SKILLED NURSING FACILITY	11,085	321	20,982	275	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	33,255	6,481	437,459	9,307	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	2	0	50.01
51.00	05100	RECOVERY ROOM	7,433	419	69,752	2,014	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,858	2	6,576	86	0	52.00
53.00	05300	ANESTHESIOLOGY	0	57	1,104	15	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,026	6,939	307,980	11,853	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	769	3	21	31	0	54.05
54.06	05406	RADIOLOGY - CMP	0	1	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	128	2	0	1	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	6,215	129	5,514	1,981	0	55.00
56.00	05600	RADIOISOTOPE	833	21	5,523	112	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,346	40	28,338	778	0	58.00
60.00	06000	LABORATORY	48,505	11,723	192,486	5,046	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,794	870	6,493	230	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	64	0	25,513	398	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	14,417	328	60,975	1,060	0	65.00
65.01	06501	WOUND CARE	1,666	101	15,848	390	0	65.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	
		5.02	5.03	5.04	5.05	5.06	
65.02	06502	DIALYSIS	320	44	8,619	123	0
65.03	03330	ENDOSCOPY	6,600	928	31,230	2,014	0
66.00	06600	PHYSICAL THERAPY	15,762	250	28,907	407	0
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	897	4	22,506	316	0
68.00	06800	SPEECH PATHOLOGY	0	0	8,430	137	0
68.01	06801	NEURO REHAB	2,755	45	25	167	0
69.00	06900	ELECTROCARDIOLOGY	1,538	210	28,775	813	0
70.00	07000	ELECTROENCEPHALOGRAPHY	513	32	7,301	138	0
70.01	03950	NUTRITION SUPPORT	2,050	150	554	9	0
70.03	03952	CARDIAC CATH LAB	8,009	1,121	123,909	3,450	0
70.04	03953	CARDIAC REHA SERVICES	384	13	0	31	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	172,462	3,440	0
71.01	07101	COST OF SOLUTIONS	0	0	126,956	1,993	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	240,583	4,893	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	309,841	6,208	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0
76.99	07699	LITHOTRIPSY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	13	369	14	0
90.01	09001	ANTI COAG CLINIC	1,474	413	40	99	0
91.00	09100	EMERGENCY	27,937	2,015	121,562	4,696	0
91.01	09101	PARTIAL HOSPITALIZATION	320	1	59	14	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	8,073	2,786	0	471	0
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	29,987	1,062	0	511	0
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	358	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	631,073	134,333	3,202,519	75,134	0
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	577	415	0	0	0
194.00	07950	NON ALLOWABLE	0	0	0	0	0
194.01	07951	TELEVISION	0	0	0	0	0
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0
194.03	07953	OP CLINIC	0	0	0	0	0
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0
194.05	07955	EDUCARE CTR	256	35	0	0	0
194.06	07956	STUCKY RESEARCH CTR	2,947	29	0	0	0
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0
194.08	07958	FOUNDATION	0	0	0	0	0
194.09	07959	LV HEALTH PLAN	0	0	0	0	0
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0
194.12	07962	GUEST SERVICES	513	119	0	0	0
194.13	07963	HUNTINGTON ARC	0	0	0	0	0
194.14	07964	SENIOR HEALTH SERVICES	513	30	0	0	0
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,627	127	0	0	0
194.16	07966	FITNESS	0	0	0	0	0
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0
194.18	07968	BREAST DIAGNOSTIC CTR	0	6	0	0	0
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	1	0	0	0
194.22	07972	EBT	0	0	0	0	0
194.23	07973	MEDICAL OFFICE BUILDINGS	320	172	0	0	0
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0
194.25	07975	PREMIER SURGERY CENTER	0	1	0	0	0
194.26	07976	ISH	0	0	0	0	0
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	638,826	135,268	3,202,519	75,134	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5A.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G	133,159,250	133,159,250				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	1,391	438	1,829			5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	9,511,136	2,992,413	0	0	12,503,549	7.00
7.01	00701	FACILITY ENGINEERING	9,102,557	2,863,865	0	0	1,165,843	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	2,910,510	915,710	0	0	17,672	8.00
9.00	00900	HOUSEKEEPING	6,940,974	2,183,783	0	0	296,644	9.00
10.00	01000	DIETARY	2,433,009	765,478	0	0	551,579	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	4,039,605	1,270,949	0	0	0	10.01
10.02	01002	CAFETERIA	0	0	0	0	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	0	0	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	4,082,485	1,284,440	0	0	31,254	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	256,730	80,773	0	0	185,355	14.00
15.00	01500	PHARMACY	15,012,375	4,723,223	0	0	163,045	15.00
15.01	01501	OUTPATIENT PHARMACY	11,163,764	3,512,366	0	0	51,764	15.01
15.02	01502	IV SOLUTIONS	1,777,751	559,320	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	51,469,956	16,193,604	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	152,981	48,131	0	0	113,573	16.00
17.00	01700	SOCIAL SERVICE	4,752,969	1,495,389	0	0	72,068	17.00
17.01	01701	REHAB ADMIN	581,012	182,799	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,923,127	1,234,302	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	95,820	30,147	0	0	2,381	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	234,561	73,798	0	0	2,686	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,028,385	15,110,787	0	0	2,328,733	30.00
31.00	03100	INTENSIVE CARE UNIT	6,183,215	1,945,375	0	0	178,354	31.00
31.01	03101	PEDIATRIC ICU	1,440,921	453,345	0	0	55,452	31.01
31.02	03102	NEONATAL ICU	4,741,088	1,491,651	0	0	197,682	31.02
32.00	03200	CORONARY CARE UNIT	18,932,134	5,956,466	0	0	504,953	32.00
40.00	04000	SUBPROVIDER - I/PF	8,011,494	2,520,592	0	0	407,943	40.00
41.00	04100	SUBPROVIDER - I/RF	2,510,485	789,854	0	0	198,112	41.00
43.00	04300	NURSERY	3,362,074	1,057,782	0	0	36,267	43.00
44.00	04400	SKILLED NURSING FACILITY	3,857,555	1,213,672	0	0	238,936	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,615,109	6,485,967	0	0	1,125,252	50.00
50.01	05001	CAREW MEDICAL PARK SURG	4,505	1,417	0	0	0	50.01
51.00	05100	RECOVERY ROOM	7,572,039	2,382,330	0	0	525,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	403,151	126,840	0	0	247,754	52.00
53.00	05300	ANESTHESIOLOGY	7,214	2,270	0	0	2,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,156,764	6,027,139	0	0	350,082	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	259,587	81,672	0	0	21,594	54.05
54.06	05406	RADIOLOGY - CMP	6,957	2,189	1	0	0	54.06
54.07	05407	RADIOLOGY - WP	9,803	3,084	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	99,925	31,439	58	0	31,083	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	7,903,396	2,486,582	0	0	346,976	55.00
56.00	05600	RADIOISOTOPE	764,880	240,648	0	0	54,611	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,811,770	570,023	0	0	149,598	58.00
60.00	06000	LABORATORY	15,841,785	4,984,174	761	0	381,399	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,384,724	435,665	0	0	12,247	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	4,862,094	1,529,722	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	4,104,908	1,291,494	0	0	115,963	65.00
65.01	06501	WOUND CARE	2,089,504	657,404	0	0	31,934	65.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT		
		5A. 06	5. 07	5. 08	6. 00	7. 00		
65.02	06502	DIALYSIS	1,528,376	480,861	0	0	36,079	65.02
65.03	03330	ENDOSCOPY	5,054,985	1,590,409	0	0	263,842	65.03
66.00	06600	PHYSICAL THERAPY	4,294,317	1,351,087	0	0	174,594	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,264,680	712,518	0	0	12,211	67.00
68.00	06800	SPEECH PATHOLOGY	792,378	249,300	0	0	0	68.00
68.01	06801	NEURO REHAB	1,435,396	451,607	0	0	70,484	68.01
69.00	06900	ELECTROCARDIOLOGY	2,636,908	829,629	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	541,259	170,292	0	0	13,196	70.00
70.01	03950	NUTRITION SUPPORT	772,186	242,947	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	7,605,340	2,392,807	0	0	268,211	70.03
70.04	03953	CARDIAC REHA SERVICES	164,874	51,873	0	0	27,225	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	185,863	58,477	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	128,949	40,570	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	245,476	77,232	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,746,990	7,156,703	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	273,514	86,054	0	0	14,154	90.00
90.01	09001	ANTI COAG CLINIC	1,632,323	513,565	1,009	0	29,830	90.01
91.00	09100	EMERGENCY	11,522,470	3,625,223	0	0	586,189	91.00
91.01	09101	PARTIAL HOSPITALIZATION	129,475	40,736	0	0	8,774	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,783,337	3,392,675	0	0	59,320	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,170,817	2,885,341	0	0	154,244	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,758,754	2,441,075	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	537,236,096	127,131,492	1,829	0	11,915,130	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	452,653	142,415	0	0	39,293	190.00
194.00	07950	NON ALLOWABLE	11,406	3,589	0	0	0	194.00
194.01	07951	TELEVISION	600	189	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	1,030	324	0	0	788	194.02
194.03	07953	OP CLINIC	380,568	119,735	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	877,095	275,953	0	0	143,895	194.05
194.06	07956	STUCKY RESEARCH CTR	2,021,862	636,122	0	0	10,125	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	50,557	15,906	0	0	34,539	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,579,828	497,049	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	418,450	131,654	0	0	41,871	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,970,471	619,954	0	0	10,958	194.15
194.16	07966	FITNESS	163,096	51,314	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	11,728	3,690	0	0	8,971	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	34,784	10,944	0	0	16,831	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	109,288	34,384	0	0	80,144	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	363,792	114,457	0	0	42,176	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	10,711,516	3,370,079	0	0	158,828	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	556,394,820	133,159,250	1,829	0	12,503,549	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
			7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING	13,132,265					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	20,470	3,864,362				8.00
9.00	00900	HOUSEKEEPING	343,598	0	9,764,999			9.00
10.00	01000	DIETARY	638,884	0	488,612	4,877,562		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	5,310,554	10.01
10.02	01002	CAFETERIA	0	0	0	1,400,614	0	10.02
10.03	01003	PREADMITS AND ER	0	0	0	47,360	29,662	10.03
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	36,200	0	27,686	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	214,693	0	164,195	0	0	14.00
15.00	01500	PHARMACY	188,852	0	144,432	0	0	15.00
15.01	01501	OUTPATIENT PHARMACY	59,957	0	45,855	0	0	15.01
15.02	01502	IV SOLUTIONS	0	0	0	0	0	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	131,549	0	100,608	0	0	16.00
17.00	01700	SOCIAL SERVICE	83,476	0	63,841	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,758	0	2,110	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	3,111	0	2,379	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,697,331	1,547,289	2,062,893	1,741,481	2,681,538	30.00
31.00	03100	INTENSIVE CARE UNIT	206,584	132,161	157,993	152,873	235,394	31.00
31.01	03101	PEDIATRIC ICU	64,230	0	49,122	10,423	16,050	31.01
31.02	03102	NEONATAL ICU	228,972	31,688	175,116	0	0	31.02
32.00	03200	CORONARY CARE UNIT	584,879	602,068	447,310	323,028	497,399	32.00
40.00	04000	SUBPROVIDER - I PF	472,513	100,473	361,374	796,620	1,226,639	40.00
41.00	04100	SUBPROVIDER - I RF	229,470	40,576	175,496	123,437	190,069	41.00
43.00	04300	NURSERY	42,007	0	32,127	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	276,755	93,518	211,660	281,726	433,803	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,303,360	0	996,797	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	608,127	16,617	465,090	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	286,969	0	219,472	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,432	126,751	2,625	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	405,494	0	310,118	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	25,012	0	19,129	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	36,003	0	27,535	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	401,896	0	307,366	0	0	55.00
56.00	05600	RADIOISOTOPE	63,255	0	48,377	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	173,277	134,866	132,520	0	0	58.00
60.00	06000	LABORATORY	441,767	386	337,860	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	14,186	0	10,849	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	134,318	6,183	102,725	0	0	65.00
65.01	06501	WOUND CARE	36,988	11,207	28,288	0	0	65.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
65.02	06502	DIALYSIS	41,790	18,163	31,960	0	0 65.02
65.03	03330	ENDOSCOPY	305,604	42,122	233,723	0	0 65.03
66.00	06600	PHYSICAL THERAPY	202,229	0	154,663	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	14,144	0	10,817	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	81,640	10,434	62,438	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,285	0	11,690	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	310,664	139,890	237,593	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	31,534	0	24,117	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	16,394	0	12,538	0	0 90.00
90.01	09001	ANTI COAG CLINIC	34,552	386	26,425	0	0 90.01
91.00	09100	EMERGENCY	678,973	809,584	519,272	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	10,162	0	7,772	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	68,709	0	52,548	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	178,658	0	136,636	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	12,450,711	3,864,362	9,243,752	4,877,562	5,310,554 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	45,512	0	34,807	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	913	0	698	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	166,671	0	127,469	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	11,728	0	8,970	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	40,006	0	30,596	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	48,499	0	37,091	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	12,692	0	9,707	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	10,390	0	7,946	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	19,495	0	14,910	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	92,829	0	70,995	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	48,851	0	37,361	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	183,968	0	140,697	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	13,132,265	3,864,362	9,764,999	4,877,562	5,310,554 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
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5/27/2015 11:00 am

Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002	1,400,614					10.02
10.03	01003	27,545	104,567				10.03
11.00	01100	1,373,069	0	1,373,069			11.00
12.00	01200	0	0	0	0		12.00
13.00	01300	0	0	17,862	0	5,479,927	13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	59,402	0	365,255	15.00
15.01	01501	0	0	6,054	0	37,226	15.01
15.02	01502	0	0	8,032	0	49,389	15.02
15.03	01503	0	0	0	0	0	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	25,655	0	0	17.00
17.01	01701	0	0	2,697	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	104,567	332,372	0	2,043,731	30.00
31.00	03100	0	0	45,016	0	276,797	31.00
31.01	03101	0	0	6,414	0	39,437	31.01
31.02	03102	0	0	29,671	0	182,443	31.02
32.00	03200	0	0	130,971	0	805,330	32.00
40.00	04000	0	0	69,711	0	0	40.00
41.00	04100	0	0	19,061	0	0	41.00
43.00	04300	0	0	20,320	0	124,946	43.00
44.00	04400	0	0	33,387	0	205,295	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	100,042	0	515,632	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	0	22,418	0	137,846	51.00
52.00	05200	0	0	5,575	0	34,277	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	78,043	0	36,857	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	0	2,211	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	2,458	0	0	56.00
58.00	05800	0	0	4,016	0	0	58.00
60.00	06000	0	0	56,704	0	0	60.00
60.01	06001	0	0	5,395	0	0	60.01
62.00	06200	0	0	120	0	0	62.00
62.30	06250	0	0	0	0	0	62.30
65.00	06500	0	0	43,277	0	0	65.00
65.01	06501	0	0	7,493	0	46,071	65.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
65.02	06502 DIALYSIS	0	0	899	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	19,781	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	46,754	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	2,817	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	8,272	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	4,675	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	1,439	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	6,174	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	24,096	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	1,139	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	60	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	0	26,906	90.01
91.00	09100 EMERGENCY	0	0	84,097	0	485,041	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	959	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	24,336	0	0	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	4,423	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,400,614	104,567	1,357,664	0	5,419,113	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,439	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	0	719	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	0	1,499	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	9,890	0	60,814	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	0	1,858	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,400,614	104,567	1,373,069	0	5,479,927	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	901,746				14.00
15.00	01500	PHARMACY	0	20,656,584			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	14,876,986		15.01
15.02	01502	IV SOLUTIONS	0	0	0	2,394,492	15.02
15.03	01503	MED SURG SUPPLY	778,512	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,602	12,915	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	21	171	0	0	31.00
31.01	03101	PEDIATRIC ICU	5	10	0	0	31.01
31.02	03102	NEONATAL ICU	166	80	0	0	31.02
32.00	03200	CORONARY CARE UNIT	55	609	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	14	3	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	8	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	22	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	115,964	5,896	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	18	39	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,705	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	66	1,098	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	22	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10	1	0	0	58.00
60.00	06000	LABORATORY	0	50	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	80	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	778	12	0	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	1	0	0	0	65.02
65.03	03330	ENDOSCOPY	79	254	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	109	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	1	536	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	1	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	128	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	11	74	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	35,726,762	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	2,394,492	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	32,715,310	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	19,277,634	14,876,986	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	229	407	0	0	0	90.01
91.00	09100	EMERGENCY	0	3,365	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	81	3,511	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	1,338,095	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	901,746	20,647,704	14,876,986	2,394,492	68,442,072	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	5,498	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	3,382	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	901,746	20,656,584	14,876,986	2,394,492	68,442,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
15.01	01501	OUTPATIENT PHARMACY					15.01
15.02	01502	IV SOLUTIONS					15.02
15.03	01503	MED SURG SUPPLY					15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	546,842				16.00
17.00	01700	SOCIAL SERVICE	0	6,493,398			17.00
17.01	01701	REHAB ADMIN	0	0	766,508		17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	21,165	4,181,748	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	62	636,353	0	0	31.00
31.01	03101	PEDIATRIC ICU	185	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	51,947	0	0	31.02
32.00	03200	CORONARY CARE UNIT	1,111	1,201,279	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	62	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	97,500	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	91,819	0	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	14,871	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	187,896	0	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	740	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,419	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,971	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	7,405	0	0	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
65.01	06501	WOUND CARE	247	0	0	0	0	65.01
65.02	06502	DIALYSIS	247	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	45,231	0	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	2,592	0	372,064	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	126,780	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	126,780	0	0	68.00
68.01	06801	NEURO REHAB	3,147	0	43,384	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	11,231	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	62	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	76,824	422,071	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	802	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	247	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	2,407	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	802	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	9,564	0	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	21,597	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	514,323	6,493,398	766,508	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	32,519	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	546,842	6,493,398	766,508	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS ANDER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
17.01 01701 REHAB ADMIN						17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	5,157,429					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	133,216			23.00
23.01 02301 PARAMED RADIOLOGY	0	0	0	0		23.01
23.02 02302 PARAMED PHARMACY	0	0	0	0	316,535	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	3,048,557	0	0	0	198	30.00
31.00 03100 INTENSIVE CARE UNIT	549,782	0	0	0	3	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	0	0	31.01
31.02 03102 NEONATAL ICU	0	0	0	0	1	31.02
32.00 03200 CORONARY CARE UNIT	203,203	0	0	0	9	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00 04300 NURSERY	334,201	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	312,540	0	0	0	90	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	79,940	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	41	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	17	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	133,216	0	1	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	1	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY		
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00					
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	1,031	0	0	0	0	65.00
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	0	0	4	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	0	0	8	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	2	70.01
70.03	03952	CARDIAC CATH LAB	0	0	0	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	295,406	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	6	90.01
91.00	09100	EMERGENCY	628,175	0	0	0	52	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	54	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	20,504	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,157,429	0	133,216	0	316,399	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	84	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	52	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
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Cost Center Description	INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
202.00 TOTAL (sum lines 118-201)	5,157,429	0	133,216	0	316,535	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	MATERIALS MANAGEMENT				5.03
5.04	00570	PATIENT SERVICES				5.04
5.05	00580	PATIENT ACCOUNTING				5.05
5.06	00591	AMBULATORY SVCS ADMIN				5.06
5.07	00590	OTHER A&G				5.07
5.08	00592	CAREW MEDICAL PARK ADMIN				5.08
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	FACILITY ENGINEERING				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE				10.01
10.02	01002	CAFETERIA				10.02
10.03	01003	PREADMITS AND ER				10.03
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
15.01	01501	OUTPATIENT PHARMACY				15.01
15.02	01502	IV SOLUTIONS				15.02
15.03	01503	MED SURG SUPPLY				15.03
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
17.01	01701	REHAB ADMIN				17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED RADIOLOGY				23.01
23.02	02302	PARAMED ED PHARMACY				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	85,949,292	-3,048,557	82,900,735	30.00
31.00	03100	INTENSIVE CARE UNIT	10,700,154	-549,782	10,150,372	31.00
31.01	03101	PEDIATRIC ICU	2,135,594	0	2,135,594	31.01
31.02	03102	NEONATAL ICU	7,130,505	0	7,130,505	31.02
32.00	03200	CORONARY CARE UNIT	30,190,804	-203,203	29,987,601	32.00
40.00	04000	SUBPROVIDER - I/PF	13,967,438	0	13,967,438	40.00
41.00	04100	SUBPROVIDER - I/RF	4,374,068	0	4,374,068	41.00
43.00	04300	NURSERY	5,009,724	-334,201	4,675,523	43.00
44.00	04400	SKILLED NURSING FACILITY	6,846,329	0	6,846,329	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,668,468	-312,540	31,355,928	50.00
50.01	05001	CAREW MEDICAL PARK SURG	5,922	0	5,922	50.01
51.00	05100	RECOVERY ROOM	11,744,421	0	11,744,421	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,403,978	-79,940	1,324,038	52.00
53.00	05300	ANESTHESIOLOGY	148,001	0	148,001	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,553,574	0	26,553,574	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	407,734	0	407,734	54.05
54.06	05406	RADIOLOGY - CMP	9,147	0	9,147	54.06
54.07	05407	RADIOLOGY - WP	12,887	0	12,887	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	228,276	0	228,276	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	11,446,218	0	11,446,218	55.00
56.00	05600	RADIOISOTOPE	1,175,648	0	1,175,648	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,988,052	0	2,988,052	58.00
60.00	06000	LABORATORY	22,178,103	0	22,178,103	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1,863,147	0	1,863,147	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,391,936	0	6,391,936	62.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	5,808,094	-1,031	5,807,063	65.00
65.01	06501	WOUND CARE	2,909,136	0	2,909,136	65.01
65.02	06502	DIALYSIS	2,138,376	0	2,138,376	65.02
65.03	03330	ENDOSCOPY	7,556,034	0	7,556,034	65.03
66.00	06600	PHYSICAL THERAPY	6,598,409	0	6,598,409	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	3,143,967	0	3,143,967	67.00
68.00	06800	SPEECH PATHOLOGY	1,168,458	0	1,168,458	68.00
68.01	06801	NEURO REHAB	2,167,347	0	2,167,347	68.01
69.00	06900	ELECTROCARDIOLOGY	3,482,444	0	3,482,444	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	753,778	0	753,778	70.00
70.01	03950	NUTRITION SUPPORT	1,021,499	0	1,021,499	70.01
70.03	03952	CARDIAC CATH LAB	11,477,582	0	11,477,582	70.03
70.04	03953	CARDIAC REHA SERVICES	301,564	0	301,564	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,971,102	0	35,971,102	71.00
71.01	07101	COST OF SOLUTIONS	2,564,011	0	2,564,011	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,038,018	0	33,038,018	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	64,353,719	0	64,353,719	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	402,961	0	402,961	90.00
90.01	09001	ANTI COAG CLINIC	2,268,045	0	2,268,045	90.01
91.00	09100	EMERGENCY	18,942,441	-628,175	18,314,266	91.00
91.01	09101	PARTIAL HOSPITALIZATION	198,680	0	198,680	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	14,394,135	0	14,394,135	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	13,910,315	0	13,910,315	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	10,199,829	0	10,199,829	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	529,299,364	-5,157,429	524,141,935	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	716,119	0	716,119	190.00
194.00	07950	NON ALLOWABLE	14,995	0	14,995	194.00
194.01	07951	TELEVISION	789	0	789	194.01
194.02	07952	PHYSICIAN PRACTICES	3,753	0	3,753	194.02
194.03	07953	OP CLINIC	500,303	0	500,303	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	1,591,802	0	1,591,802	194.05
194.06	07956	STUCKY RESEARCH CTR	2,688,807	0	2,688,807	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	171,604	0	171,604	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	2,076,877	0	2,076,877	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	679,064	0	679,064	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,700,068	0	2,700,068	194.15
194.16	07966	FITNESS	214,410	0	214,410	194.16
194.17	07967	NONALLOWABLE ADVERTISING	42,725	0	42,725	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	96,964	0	96,964	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	387,640	0	387,640	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	608,495	0	608,495	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	14,601,041	0	14,601,041	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150021

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	556,394,820	-5,157,429	551,237,391	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	439,594	15,778	455,372	455,372 4.00
5.01 00540	COMMUNICATIONS	0	0	38,881	38,881	0 5.01
5.02 00550	DATA PROCESSING	0	229,096	0	229,096	0 5.02
5.03 00560	MATERIALS MANAGEMENT	0	99,848	0	99,848	0 5.03
5.04 00570	PATIENT SERVICES	0	96,711	0	96,711	4,027 5.04
5.05 00580	PATIENT ACCOUNTING	0	3,394	0	3,394	0 5.05
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0 5.06
5.07 00590	OTHER A&G	18,418,410	1,120,363	1,521,707	21,060,480	105,776 5.07
5.08 00592	CAREW MEDICAL PARK ADMIN	0	1,369	0	1,369	0 5.08
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	1,942,951	501,591	2,444,542	0 7.00
7.01 00701	FACILITY ENGINEERING	0	1,524,155	219,160	1,743,315	9,005 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	23,104	0	23,104	599 8.00
9.00 00900	HOUSEKEEPING	0	387,815	59,682	447,497	9,298 9.00
10.00 01000	DIETARY	0	721,101	648,265	1,369,366	3,393 10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	6,782 10.01
10.02 01002	CAFETERIA	0	0	0	0	0 10.02
10.03 01003	PREADMITS ANDER	0	0	0	0	0 10.03
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	40,859	2,576	43,435	5,006 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	242,322	0	242,322	0 14.00
15.00 01500	PHARMACY	0	213,155	2,307,363	2,520,518	16,194 15.00
15.01 01501	OUTPATIENT PHARMACY	0	67,673	3,479	71,152	1,585 15.01
15.02 01502	IV SOLUTIONS	0	0	33,730	33,730	1,054 15.02
15.03 01503	MED SURG SUPPLY	0	0	0	0	0 15.03
16.00 01600	MEDICAL RECORDS & LIBRARY	0	148,478	0	148,478	0 16.00
17.00 01700	SOCIAL SERVICE	0	94,218	11,101	105,319	5,719 17.00
17.01 01701	REHAB ADMIN	0	0	153	153	699 17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	3,113	0	3,113	152 23.00
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0 23.01
23.02 02302	PARAMED ED PHARMACY	0	3,511	0	3,511	388 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,044,452	1,753,794	4,798,246	63,206 30.00
31.00 03100	INTENSIVE CARE UNIT	0	233,169	361,472	594,641	8,580 31.00
31.01 03101	PEDIATRIC ICU	0	72,495	123,370	195,865	1,615 31.01
31.02 03102	NEONATAL ICU	0	258,438	0	258,438	6,513 31.02
32.00 03200	CORONARY CARE UNIT	0	660,146	952,838	1,612,984	26,109 32.00
40.00 04000	SUBPROVIDER - I PF	0	533,321	58,200	591,521	11,095 40.00
41.00 04100	SUBPROVIDER - I RF	0	259,000	41,917	300,917	3,426 41.00
43.00 04300	NURSERY	0	47,413	215,772	263,185	3,872 43.00
44.00 04400	SKILLED NURSING FACILITY	0	312,371	32,750	345,121	5,405 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,471,088	2,851,339	4,322,427	16,945 50.00
50.01 05001	CAREW MEDICAL PARK SURG	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	0	686,387	135,475	821,862	6,445 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	323,899	0	323,899	83 52.00
53.00 05300	ANESTHESIOLOGY	0	3,874	0	3,874	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	457,677	3,788,373	4,246,050	18,151 54.00
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05 05405	RADIOLOGY - NHMP	0	28,230	0	28,230	360 54.05
54.06 05406	RADIOLOGY - CMP	0	0	577	577	0 54.06
54.07 05407	RADIOLOGY - WP	0	0	550	550	0 54.07
54.08 05408	RADIOLOGY - PULM CLINIC	0	40,637	24,785	65,422	76 54.08
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00 05500	RADIOLOGY-THERAPEUTIC	0	453,616	2,202,093	2,655,709	5,532 55.00
56.00 05600	RADIOISOTOPE	0	71,395	217,724	289,119	660 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	195,576	544,334	739,910	1,127 58.00
60.00 06000	LABORATORY	0	498,618	1,202,403	1,701,021	22,277 60.00
60.01 06001	ANATOMICAL PATHOLOGY	0	16,011	76,016	92,027	953 60.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,065	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	151,603	465,063	616,666	5,722	65.00
65.01 06501 WOUND CARE	0	41,749	34,254	76,003	1,124	65.01
65.02 06502 DIALYSIS	0	47,168	14,248	61,416	92	65.02
65.03 03330 ENDOSCOPY	0	344,932	1,074,173	1,419,105	4,003	65.03
66.00 06600 PHYSICAL THERAPY	0	228,253	49,046	277,299	6,427	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	15,964	0	15,964	3,610	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	1,265	68.00
68.01 06801 NEURO REHAB	0	92,146	14,714	106,860	2,142	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	3,800	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	17,252	44,655	61,907	708	70.00
70.01 03950 NUTRITION SUPPORT	0	0	1,011	1,011	1,129	70.01
70.03 03952 CARDIAC CATH LAB	0	350,643	1,084,810	1,435,453	6,180	70.03
70.04 03953 CARDIAC REHA SERVICES	0	35,592	11,206	46,798	170	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	9,961	9,961	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	18,504	140	18,644	6	90.00
90.01 09001 ANTI COAG CLINIC	0	38,998	2,550	41,548	1,719	90.01
91.00 09100 EMERGENCY	0	766,349	380,894	1,147,243	15,094	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	11,470	0	11,470	193	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	77,551	2,794,319	2,871,870	4,702	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	201,650	39,735	241,385	11,691	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	7,487	116.00
118.00		18,418,410	19,510,467	25,968,027	63,896,904	450,436
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,369	5,597	56,966	193	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	1,030	0	1,030	0	194.02
194.03 07953 OP CLINIC	0	0	3	3	0	194.03
194.04 07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	188,120	2,904	191,024	129	194.05
194.06 07956 STUCKY RESEARCH CTR	0	13,237	502,730	515,967	1,952	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	45,154	0	45,154	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	152	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	54,740	217	54,957	236	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	14,326	1,117	15,443	1,625	194.15
194.16 07966 FITNESS	0	0	0	0	227	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	11,728	0	11,728	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	22,004	0	22,004	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	104,775	3,745	108,520	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	55,138	16,507	71,645	363	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	207,642	0	207,642	59	194.25
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
	0	1.00	2.00	2A	4.00	
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)	18,418,410	20,279,730	26,500,847	65,198,987	455,372	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am				
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING		
		5.01	5.02	5.03	5.04	5.05		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00540	COMMUNICATIONS	38,881				5.01	
5.02	00550	DATA PROCESSING	7,676	236,772			5.02	
5.03	00560	MATERIALS MANAGEMENT	664	0	100,512		5.03	
5.04	00570	PATIENT SERVICES	2,205	2,351	122	105,416	5.04	
5.05	00580	PATIENT ACCOUNTING	1,345	0	0	0	5.05	
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06	
5.07	00590	OTHER A&G	4,484	4,963	821	0	5.07	
5.08	00592	CAREW MEDICAL PARK ADMIN	0	0	0	0	5.08	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00	
7.00	00700	OPERATION OF PLANT	208	0	167	0	7.00	
7.01	00701	FACILITY ENGINEERING	1,046	6,483	882	0	7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	563	784	682	0	8.00	
9.00	00900	HOUSEKEEPING	248	13,062	1,012	0	9.00	
10.00	01000	DIETARY	338	12,682	841	0	10.00	
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	10.01	
10.02	01002	CAFETERIA	0	0	0	0	10.02	
10.03	01003	PREADMITS ANDER	0	0	0	0	10.03	
11.00	01100	CAFETERIA	0	0	0	0	11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	79	2,209	330	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	270	0	0	0	14.00	
15.00	01500	PHARMACY	681	7,315	520	0	15.00	
15.01	01501	OUTPATIENT PHARMACY	6	760	21	0	15.01	
15.02	01502	IV SOLUTIONS	0	997	386	0	15.02	
15.03	01503	MED SURG SUPPLY	0	0	60,212	0	15.03	
16.00	01600	MEDICAL RECORDS & LIBRARY	84	0	0	0	16.00	
17.00	01700	SOCIAL SERVICE	298	3,087	14	0	17.00	
17.01	01701	REHAB ADMIN	180	332	4	0	17.01	
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00	
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00	
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01	
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,672	44,411	3,615	13,646	378	30.00
31.00	03100	INTENSIVE CARE UNIT	675	5,557	685	1,753	41	31.00
31.01	03101	PEDIATRIC ICU	84	784	38	187	4	31.01
31.02	03102	NEONATAL ICU	703	3,657	369	2,143	50	31.02
32.00	03200	CORONARY CARE UNIT	456	16,149	1,643	4,890	115	32.00
40.00	04000	SUBPROVIDER - IPF	315	7,742	187	2,141	50	40.00
41.00	04100	SUBPROVIDER - IRF	428	2,351	116	586	14	41.00
43.00	04300	NURSERY	6	0	0	374	9	43.00
44.00	04400	SKILLED NURSING FACILITY	214	4,108	239	687	16	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	788	12,325	4,817	14,914	547	50.00
50.01	05001	CAREW MEDICAL PARK SURG	84	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	518	2,755	312	2,283	118	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	405	689	1	215	5	52.00
53.00	05300	ANESTHESIOLOGY	45	0	42	36	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	805	10,758	5,157	10,080	1,017	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	285	2	1	2	54.05
54.06	05406	RADIOLOGY - CMP	101	0	1	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	28	47	2	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	895	2,304	96	180	117	55.00
56.00	05600	RADIOISOTOPE	28	309	15	181	7	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	96	499	29	928	46	58.00
60.00	06000	LABORATORY	636	17,978	8,713	6,300	297	60.00
60.01	06001	ANATOMICAL PATHOLOGY	51	665	647	213	14	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	17	24	0	835	23	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	326	5,343	244	1,996	62	65.00
65.01	06501	WOUND CARE	0	617	75	519	23	65.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	
		5.01	5.02	5.03	5.04	5.05	
65.02	06502 DIALYSIS	28	119	33	282	7	65.02
65.03	03330 ENDOSCOPY	68	2,446	690	1,022	118	65.03
66.00	06600 PHYSICAL THERAPY	84	5,842	186	946	24	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	6	332	3	737	19	67.00
68.00	06800 SPEECH PATHOLOGY	6	0	0	276	8	68.00
68.01	06801 NEURO REHAB	96	1,021	34	1	10	68.01
69.00	06900 ELECTROCARDIOLOGY	23	570	156	942	48	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	6	190	24	239	8	70.00
70.01	03950 NUTRITION SUPPORT	56	760	111	18	1	70.01
70.03	03952 CARDIAC CATH LAB	799	2,969	833	4,056	203	70.03
70.04	03953 CARDIAC REHA SERVICES	79	142	10	0	2	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	5,645	202	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	4,155	117	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	7,874	288	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	10,141	365	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	51	0	10	12	1	90.00
90.01	09001 ANTI COAG CLINIC	62	546	307	1	6	90.01
91.00	09100 EMERGENCY	1,063	10,354	1,498	3,979	276	91.00
91.01	09101 PARTIAL HOSPITALIZATION	11	119	1	2	1	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	84	2,992	2,071	0	28	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	523	11,114	789	0	30	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	0	0	21	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	37,796	233,898	99,815	105,416	4,739	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39	214	308	0	0	190.00
194.00	07950 NON ALLOWABLE	214	0	0	0	0	194.00
194.01	07951 TELEVISION	11	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953 OP CLINIC	23	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	6	95	26	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	11	1,092	22	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	101	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	190	88	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	11	190	23	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	34	974	95	0	0	194.15
194.16	07966 FITNESS	0	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	39	0	5	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	1	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	11	119	128	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	585	0	1	0	0	194.25
194.26	07976 ISH	0	0	0	0	0	194.26
194.27	07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	38,881	236,772	100,512	105,416	4,739	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am			
Cost Center Description		AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.06	5.07	5.08	6.00	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN	0				5.06
5.07	00590	OTHER A&G	0	21,176,524			5.07
5.08	00592	CAREW MEDICAL PARK ADMIN	0	70	1,439		5.08
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	475,890	0	0	2,920,807
7.01	00701	FACILITY ENGINEERING	0	455,446	0	0	272,339
8.00	00800	LAUNDRY & LINEN SERVICE	0	145,627	0	0	4,128
9.00	00900	HOUSEKEEPING	0	347,292	0	0	69,296
10.00	01000	DIETARY	0	121,736	0	0	128,848
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	202,122	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	204,267	0	0	7,301
14.00	01400	CENTRAL SERVICES & SUPPLY	0	12,845	0	0	43,299
15.00	01500	PHARMACY	0	751,144	0	0	38,087
15.01	01501	OUTPATIENT PHARMACY	0	558,579	0	0	12,092
15.02	01502	IV SOLUTIONS	0	88,950	0	0	0
15.03	01503	MED SURG SUPPLY	0	2,575,234	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,654	0	0	26,530
17.00	01700	SOCIAL SERVICE	0	237,815	0	0	16,835
17.01	01701	REHAB ADMIN	0	29,071	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	196,294	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	4,794	0	0	556
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	11,736	0	0	627
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,403,100	0	0	543,986
31.00	03100	INTENSIVE CARE UNIT	0	309,377	0	0	41,663
31.01	03101	PEDIATRIC ICU	0	72,096	0	0	12,954
31.02	03102	NEONATAL ICU	0	237,220	0	0	46,178
32.00	03200	CORONARY CARE UNIT	0	947,269	0	0	117,956
40.00	04000	SUBPROVIDER - IPF	0	400,855	0	0	95,295
41.00	04100	SUBPROVIDER - IRF	0	125,612	0	0	46,279
43.00	04300	NURSERY	0	168,221	0	0	8,472
44.00	04400	SKILLED NURSING FACILITY	0	193,013	0	0	55,815
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,031,477	0	0	262,857
50.01	05001	CAREW MEDICAL PARK SURG	0	225	0	0	0
51.00	05100	RECOVERY ROOM	0	378,867	0	0	122,645
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,172	0	0	57,875
53.00	05300	ANESTHESIOLOGY	0	361	0	0	692
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	958,509	0	0	81,779
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	12,988	0	0	5,044
54.06	05406	RADIOLOGY - CMP	0	348	1	0	0
54.07	05407	RADIOLOGY - WP	0	490	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	5,000	46	0	7,261
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	395,446	0	0	81,053
56.00	05600	RADIOISOTOPE	0	38,271	0	0	12,757
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	90,652	0	0	34,946
60.00	06000	LABORATORY	0	792,644	599	0	89,094
60.01	06001	ANATOMICAL PATHOLOGY	0	69,285	0	0	2,861
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	243,275	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	205,389	0	0	27,089
65.01	06501	WOUND CARE	0	104,548	0	0	7,460

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am			
Cost Center Description			AMBULATORY SVCS ADMIN	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.06	5.07	5.08	6.00	7.00	
65.02	06502	DIALYSIS	0	76,472	0	0	8,428	65.02
65.03	03330	ENDOSCOPY	0	252,926	0	0	61,633	65.03
66.00	06600	PHYSICAL THERAPY	0	214,866	0	0	40,785	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	113,313	0	0	2,853	67.00
68.00	06800	SPEECH PATHOLOGY	0	39,647	0	0	0	68.00
68.01	06801	NEURO REHAB	0	71,820	0	0	16,465	68.01
69.00	06900	ELECTROCARDIOLOGY	0	131,938	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	27,082	0	0	3,083	70.00
70.01	03950	NUTRITION SUPPORT	0	38,636	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	380,533	0	0	62,654	70.03
70.04	03953	CARDIAC REHA SERVICES	0	8,249	0	0	6,360	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	9,300	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	6,452	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,282	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,138,146	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	13,685	0	0	3,306	90.00
90.01	09001	ANTI COAG CLINIC	0	81,673	793	0	6,968	90.01
91.00	09100	EMERGENCY	0	576,527	0	0	136,933	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	6,478	0	0	2,049	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	539,544	0	0	13,857	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	458,862	0	0	36,031	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	388,209	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,217,916	1,439	0	2,783,354	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,648	0	0	9,179	190.00
194.00	07950	NON ALLOWABLE	0	571	0	0	0	194.00
194.01	07951	TELEVISION	0	30	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	52	0	0	184	194.02
194.03	07953	OP CLINIC	0	19,042	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	43,885	0	0	33,614	194.05
194.06	07956	STUCKY RESEARCH CTR	0	101,164	0	0	2,365	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	2,530	0	0	8,068	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	79,047	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	20,937	0	0	9,781	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	98,593	0	0	2,560	194.15
194.16	07966	FITNESS	0	8,161	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	587	0	0	2,095	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	1,740	0	0	3,932	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	5,468	0	0	18,721	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	18,202	0	0	9,852	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	535,951	0	0	37,102	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	21,176,524	1,439	0	2,920,807	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am			
Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING	2,488,516				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	3,879	179,366			8.00
9.00	00900	HOUSEKEEPING	65,111	0	952,816		9.00
10.00	01000	DIETARY	121,066	0	47,676	1,805,946	10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	208,904
10.02	01002	CAFETERIA	0	0	0	518,586	0
10.03	01003	PREADMITS AND ER	0	0	0	17,535	1,167
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	6,860	0	2,701	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	40,684	0	16,021	0	0
15.00	01500	PHARMACY	35,787	0	14,093	0	0
15.01	01501	OUTPATIENT PHARMACY	11,362	0	4,474	0	0
15.02	01502	IV SOLUTIONS	0	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	24,928	0	9,817	0	0
17.00	01700	SOCIAL SERVICE	15,818	0	6,229	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	523	0	206	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	590	0	232	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	511,131	71,819	201,291	644,794	105,485
31.00	03100	INTENSIVE CARE UNIT	39,147	6,134	15,416	56,602	9,260
31.01	03101	PEDIATRIC ICU	12,171	0	4,793	3,859	631
31.02	03102	NEONATAL ICU	43,389	1,471	17,087	0	0
32.00	03200	CORONARY CARE UNIT	110,832	27,945	43,646	119,603	19,566
40.00	04000	SUBPROVIDER - IPF	89,540	4,664	35,261	294,953	48,253
41.00	04100	SUBPROVIDER - IRF	43,484	1,883	17,124	45,703	7,477
43.00	04300	NURSERY	7,960	0	3,135	0	0
44.00	04400	SKILLED NURSING FACILITY	52,444	4,341	20,653	104,311	17,065
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	246,982	0	97,262	0	0
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0
51.00	05100	RECOVERY ROOM	115,238	771	45,381	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	54,380	0	21,415	0	0
53.00	05300	ANESTHESIOLOGY	650	5,883	256	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	76,840	0	30,260	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	4,740	0	1,866	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	6,823	0	2,687	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	76,158	0	29,991	0	0
56.00	05600	RADIOISOTOPE	11,987	0	4,720	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	32,835	6,260	12,931	0	0
60.00	06000	LABORATORY	83,713	18	32,967	0	0
60.01	06001	ANATOMICAL PATHOLOGY	2,688	0	1,059	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	25,453	287	10,023	0	0
65.01	06501	WOUND CARE	7,009	520	2,760	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		FACILITY ENGINEERING	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	KITCHEN-NO CONNECT W/CAFE	
		7.01	8.00	9.00	10.00	10.01	
65.02	06502	DIALYSIS	7,919	843	3,119	0	0 65.02
65.03	03330	ENDOSCOPY	57,911	1,955	22,805	0	0 65.03
66.00	06600	PHYSICAL THERAPY	38,322	0	15,091	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	2,680	0	1,055	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	15,471	484	6,092	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,896	0	1,141	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	58,870	6,493	23,183	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	5,976	0	2,353	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,107	0	1,223	0	0 90.00
90.01	09001	ANTI COAG CLINIC	6,547	18	2,578	0	0 90.01
91.00	09100	EMERGENCY	128,663	37,577	50,668	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	1,926	0	758	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	13,020	0	5,127	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	33,855	0	13,332	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,359,365	179,366	901,958	1,805,946	208,904 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,624	0	3,396	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	173	0	68	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	31,584	0	12,438	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	2,222	0	875	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	7,581	0	2,985	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	9,190	0	3,619	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	2,405	0	947	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	1,969	0	775	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,694	0	1,455	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	17,591	0	6,927	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	9,257	0	3,645	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	34,861	0	13,728	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
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)	2,488,516	179,366	952,816	1,805,946	208,904 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am	
Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA	518,586				10.02
10.03	01003	PREADMITS AND ER	10,199	28,901			10.03
11.00	01100	CAFETERIA	508,387	0	508,387		11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	6,614	278,802	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	21,994	18,583	15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	2,242	1,894	15.01
15.02	01502	IV SOLUTIONS	0	0	2,974	2,513	15.02
15.03	01503	MED SURG SUPPLY	0	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	9,499	0	17.00
17.01	01701	REHAB ADMIN	0	0	999	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	28,901	123,059	103,978	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	16,667	14,083	31.00
31.01	03101	PEDIATRIC ICU	0	0	2,375	2,006	31.01
31.02	03102	NEONATAL ICU	0	0	10,986	9,282	31.02
32.00	03200	CORONARY CARE UNIT	0	0	48,493	40,973	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	25,811	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	7,058	0	41.00
43.00	04300	NURSERY	0	0	7,524	6,357	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	12,362	10,445	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	37,041	26,234	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	8,300	7,013	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,064	1,744	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	28,896	1,875	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	113	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	910	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,487	0	58.00
60.00	06000	LABORATORY	0	0	20,995	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1,997	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	44	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	16,024	0	65.00
65.01	06501	WOUND CARE	0	0	2,774	2,344	65.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am		
Cost Center Description		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		10.02	10.03	11.00	12.00	13.00		
65.02	06502	DIALYSIS	0	0	333	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	7,324	0	0	65.03
66.00	06600	PHYSICAL THERAPY	0	0	17,311	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,043	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	3,063	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	1,731	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	533	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	2,286	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	0	8,922	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	422	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	22	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	0	1,369	90.01
91.00	09100	EMERGENCY	0	0	31,138	0	24,677	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	355	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	9,011	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	225	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	518,586	28,901	502,683	0	275,708	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	533	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	266	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	555	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	3,662	0	3,094	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	688	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	518,586	28,901	508,387	0	278,802	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am			
Cost Center Description		CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	OUTPATIENT PHARMACY 15.01	IV SOLUTIONS 15.02	MED SURG SUPPLY 15.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02	01002	CAFETERIA					10.02
10.03	01003	PREADMITS AND ER					10.03
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	355,441				14.00
15.00	01500	PHARMACY	0	3,424,916			15.00
15.01	01501	OUTPATIENT PHARMACY	0	0	664,167		15.01
15.02	01502	IV SOLUTIONS	0	0	0	130,604	15.02
15.03	01503	MED SURG SUPPLY	306,866	0	0	0	15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
17.01	01701	REHAB ADMIN	0	0	0	0	17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,208	2,141	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8	28	0	0	31.00
31.01	03101	PEDIATRIC ICU	2	2	0	0	31.01
31.02	03102	NEONATAL ICU	65	13	0	0	31.02
32.00	03200	CORONARY CARE UNIT	22	101	0	0	32.00
40.00	04000	SUBPROVIDER - I/PF	6	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	1	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	9	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,710	978	0	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	7	6	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	449	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26	182	0	0	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	4	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	1	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4	0	0	0	58.00
60.00	06000	LABORATORY	0	8	0	0	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	13	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	307	2	0	0	65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	I V SOLUTIONS	MED SURG SUPPLY	
			14.00	15.00	15.01	15.02	15.03	
65.01	06501	WOUND CARE	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	31	42	0	0	0	65.03
66.00	06600	PHYSICAL THERAPY	43	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	89	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	21	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	4	12	0	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,535,887	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	130,604	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	1,406,425	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,196,284	664,167	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	ANTICOAG CLINIC	90	68	0	0	0	90.01
91.00	09100	EMERGENCY	0	558	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	32	582	0	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	221,859	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	355,441	3,423,443	664,167	130,604	2,942,312	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	912	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	561	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	355,441	3,424,916	664,167	130,604	2,942,312	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	MATERIALS MANAGEMENT						5.03
5.04	00570	PATIENT SERVICES						5.04
5.05	00580	PATIENT ACCOUNTING						5.05
5.06	00591	AMBULATORY SVCS ADMIN						5.06
5.07	00590	OTHER A&G						5.07
5.08	00592	CAREW MEDICAL PARK ADMIN						5.08
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	FACILITY ENGINEERING						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE						10.01
10.02	01002	CAFETERIA						10.02
10.03	01003	PREADMITS AND ER						10.03
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
15.01	01501	OUTPATIENT PHARMACY						15.01
15.02	01502	IV SOLUTIONS						15.02
15.03	01503	MED SURG SUPPLY						15.03
16.00	01600	MEDICAL RECORDS & LIBRARY	217,491					16.00
17.00	01700	SOCIAL SERVICE	0	400,633				17.00
17.01	01701	REHAB ADMIN	0	0	31,438			17.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0		23.01
23.02	02302	PARAMED ED PHARMACY	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,418	258,008	0	0		30.00
31.00	03100	INTENSIVE CARE UNIT	25	39,262	0	0		31.00
31.01	03101	PEDIATRIC ICU	74	0	0	0		31.01
31.02	03102	NEONATAL ICU	0	3,205	0	0		31.02
32.00	03200	CORONARY CARE UNIT	442	74,117	0	0		32.00
40.00	04000	SUBPROVIDER - I PF	25	0	0	0		40.00
41.00	04100	SUBPROVIDER - I RF	0	0	3,999	0		41.00
43.00	04300	NURSERY	0	0	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,518	0	0	0		50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0		50.01
51.00	05100	RECOVERY ROOM	5,915	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	74,728	0	0	0		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0		54.04
54.05	05405	RADIOLOGY - NHMP	295	0	0	0		54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0		54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00	05600	RADIOISOTOPE	564	0	0	0		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,761	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0	0		60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
65.00	06500	RESPIRATORY THERAPY	2,945	0	0	0		65.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			16.00	17.00	17.01	19.00	20.00	
65.01	06501	WOUND CARE	98	0	0			65.01
65.02	06502	DIALYSIS	98	0	0			65.02
65.03	03330	ENDOSCOPY	17,989	0	0			65.03
66.00	06600	PHYSICAL THERAPY	1,031	0	15,260			66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0			66.01
66.02	03650	PV REHAB OUTREACH	0	0	0			66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,200			67.00
68.00	06800	SPEECH PATHOLOGY	0	0	5,200			68.00
68.01	06801	NEURO REHAB	1,252	0	1,779			68.01
69.00	06900	ELECTROCARDIOLOGY	4,467	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	245	0	0			70.00
70.01	03950	NUTRITION SUPPORT	25	0	0			70.01
70.03	03952	CARDIAC CATH LAB	30,555	26,041	0			70.03
70.04	03953	CARDIAC REHA SERVICES	319	0	0			70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0			71.00
71.01	07101	COST OF SOLUTIONS	0	0	0			71.01
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
76.97	07697	CARDIAC REHABILITATION	0	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0			76.98
76.99	07699	LI THOTRIPSY	0	0	0			76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	98	0	0			90.00
90.01	09001	ANTI COAG CLINIC	957	0	0			90.01
91.00	09100	EMERGENCY	0	0	0			91.00
91.01	09101	PARTIAL HOSPITALIZATION	319	0	0			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,804	0	0			95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	8,590	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0			116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	204,557	400,633	31,438	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
194.00	07950	NON ALLOWABLE	0	0	0			194.00
194.01	07951	TELEVISION	0	0	0			194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0			194.02
194.03	07953	OP CLINIC	0	0	0			194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0			194.04
194.05	07955	EDUCARE CTR	0	0	0			194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0			194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0			194.07
194.08	07958	FOUNDATION	0	0	0			194.08
194.09	07959	LV HEALTH PLAN	0	0	0			194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0			194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0			194.11
194.12	07962	GUEST SERVICES	0	0	0			194.12
194.13	07963	HUNTINGTON ARC	0	0	0			194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0			194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0			194.15
194.16	07966	FITNESS	0	0	0			194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0			194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0			194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0			194.19
194.20	07970	START-UP COSTS NORTH	0	0	0			194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0			194.21
194.22	07972	EBT	0	0	0			194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0			194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0			194.24
194.25	07975	PREMIER SURGERY CENTER	12,934	0	0			194.25
194.26	07976	ISH	0	0	0			194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0			194.27
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)	217,491	400,633	31,438	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540	COMMUNICATIONS					5.01
5.02 00550	DATA PROCESSING					5.02
5.03 00560	MATERIALS MANAGEMENT					5.03
5.04 00570	PATIENT SERVICES					5.04
5.05 00580	PATIENT ACCOUNTING					5.05
5.06 00591	AMBULATORY SVCS ADMIN					5.06
5.07 00590	OTHER A&G					5.07
5.08 00592	CAREW MEDICAL PARK ADMIN					5.08
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
7.01 00701	FACILITY ENGINEERING					7.01
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
10.01 01001	KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002	CAFETERIA					10.02
10.03 01003	PREADMITS ANDER					10.03
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
15.01 01501	OUTPATIENT PHARMACY					15.01
15.02 01502	IV SOLUTIONS					15.02
15.03 01503	MED SURG SUPPLY					15.03
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
17.01 01701	REHAB ADMIN					17.01
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	196,294				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			9,344		23.00
23.01 02301	PARAMED RADIOLOGY				0	23.01
23.02 02302	PARAMED PHARMACY					17,084
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 03101	PEDIATRIC ICU					31.01
31.02 03102	NEONATAL ICU					31.02
32.00 03200	CORONARY CARE UNIT					32.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
50.01 05001	CAREW MEDICAL PARK SURG					50.01
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
54.01 05401	RADIOLOGY - WABASH					54.01
54.02 05402	RADIOLOGY - MANCHESTER					54.02
54.03 05403	RADIOLOGY - EAST STATE					54.03
54.04 05404	RADIOLOGY - JEFFERSON					54.04
54.05 05405	RADIOLOGY - NHMP					54.05
54.06 05406	RADIOLOGY - CMP					54.06
54.07 05407	RADIOLOGY - WP					54.07
54.08 05408	RADIOLOGY - PULM CLINIC					54.08
54.09 05409	RADIOLOGY - WHITLEY POOL					54.09
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
60.00 06000	LABORATORY					60.00
60.01 06001	ANATOMICAL PATHOLOGY					60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL					62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS						62.30
65.00 06500 RESPIRATORY THERAPY						65.00
65.01 06501 WOUND CARE						65.01
65.02 06502 DIALYSIS						65.02
65.03 03330 ENDOSCOPY						65.03
66.00 06600 PHYSICAL THERAPY						66.00
66.01 06601 TRANSITIONAL THERAPY						66.01
66.02 03650 PV REHAB OUTREACH						66.02
67.00 06700 OCCUPATIONAL THERAPY						67.00
68.00 06800 SPEECH PATHOLOGY						68.00
68.01 06801 NEURO REHAB						68.01
69.00 06900 ELECTROCARDIOLOGY						69.00
70.00 07000 ELECTROENCEPHALOGRAPHY						70.00
70.01 03950 NUTRITION SUPPORT						70.01
70.03 03952 CARDIAC CATH LAB						70.03
70.04 03953 CARDIAC REHA SERVICES						70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT						71.00
71.01 07101 COST OF SOLUTIONS						71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS						72.00
73.00 07300 DRUGS CHARGED TO PATIENTS						73.00
76.97 07697 CARDIAC REHABILITATION						76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY						76.98
76.99 07699 LI THOTRI PSY						76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC						90.00
90.01 09001 ANTI COAG CLINIC						90.01
91.00 09100 EMERGENCY						91.00
91.01 09101 PARTIAL HOSPITALIZATION						91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES						95.00
99.10 09910 CORF						99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY						99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY						99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY						99.40
101.00 10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE						116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
194.00 07950 NON ALLOWABLE						194.00
194.01 07951 TELEVISION						194.01
194.02 07952 PHYSICIAN PRACTICES						194.02
194.03 07953 OP CLINIC						194.03
194.04 07954 PHYS. ANSWERING SERVICE						194.04
194.05 07955 EDUCARE CTR						194.05
194.06 07956 STUCKY RESEARCH CTR						194.06
194.07 07957 OCCUPATIONAL HEALTH						194.07
194.08 07958 FOUNDATION						194.08
194.09 07959 LV HEALTH PLAN						194.09
194.10 07960 PV RESPIRATORY OUTREACH						194.10
194.11 07961 OUTREACH TRANSCRIPTION						194.11
194.12 07962 GUEST SERVICES						194.12
194.13 07963 HUNTINGTON ARC						194.13
194.14 07964 SENIOR HEALTH SERVICES						194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH						194.15
194.16 07966 FITNESS						194.16
194.17 07967 NONALLOWABLE ADVERTISING						194.17
194.18 07968 BREAST DIAGNOSTIC CTR						194.18
194.19 07969 REGIONAL PAIN CLINIC						194.19
194.20 07970 START-UP COSTS NORTH						194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM						194.21
194.22 07972 EBT						194.22
194.23 07973 MEDICAL OFFICE BUILDINGS						194.23
194.24 07974 START-UP COSTS ORTHO						194.24
194.25 07975 PREMIER SURGERY CENTER						194.25
194.26 07976 ISH						194.26
194.27 07977 MCHA BRYAN HOPD						194.27
200.00 Cross Foot Adjustments	196,294	0	9,344	0	17,084	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 11:00 am	
		INTERNS & RESIDENTS		PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	
Cost Center Description		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
202.00	TOTAL (sum lines 118-201)	196,294	0	9,344	0	17,084	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00540				5.01
5.02	00550				5.02
5.03	00560				5.03
5.04	00570				5.04
5.05	00580				5.05
5.06	00591				5.06
5.07	00590				5.07
5.08	00592				5.08
6.00	00600				6.00
7.00	00700				7.00
7.01	00701				7.01
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
10.01	01001				10.01
10.02	01002				10.02
10.03	01003				10.03
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
15.01	01501				15.01
15.02	01502				15.02
15.03	01503				15.03
16.00	01600				16.00
17.00	01700				17.00
17.01	01701				17.01
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301				23.01
23.02	02302				23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	9,938,493	0	9,938,493	30.00
31.00	03100	1,159,604	0	1,159,604	31.00
31.01	03101	309,540	0	309,540	31.01
31.02	03102	640,769	0	640,769	31.02
32.00	03200	3,213,311	0	3,213,311	32.00
40.00	04000	1,607,714	0	1,607,714	40.00
41.00	04100	606,458	0	606,458	41.00
43.00	04300	469,115	0	469,115	43.00
44.00	04400	826,248	0	826,248	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	6,157,822	0	6,157,822	50.00
50.01	05001	309	0	309	50.01
51.00	05100	1,518,436	0	1,518,436	51.00
52.00	05200	482,947	0	482,947	52.00
53.00	05300	12,289	0	12,289	53.00
54.00	05400	5,545,113	0	5,545,113	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
54.03	05403	0	0	0	54.03
54.04	05404	0	0	0	54.04
54.05	05405	53,813	0	53,813	54.05
54.06	05406	1,028	0	1,028	54.06
54.07	05407	1,040	0	1,040	54.07
54.08	05408	87,509	0	87,509	54.08
54.09	05409	0	0	0	54.09
55.00	05500	3,247,482	0	3,247,482	55.00
56.00	05600	359,528	0	359,528	56.00
58.00	05800	926,511	0	926,511	58.00
60.00	06000	2,777,260	0	2,777,260	60.00
60.01	06001	172,473	0	172,473	60.01
62.00	06200	245,283	0	245,283	62.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	917,878	0	917,878	65.00
65.01	06501	WOUND CARE	205,874	0	205,874	65.01
65.02	06502	DIALYSIS	159,189	0	159,189	65.02
65.03	03330	ENDOSCOPY	1,850,068	0	1,850,068	65.03
66.00	06600	PHYSICAL THERAPY	633,517	0	633,517	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	146,815	0	146,815	67.00
68.00	06800	SPEECH PATHOLOGY	46,402	0	46,402	68.00
68.01	06801	NEURO REHAB	226,679	0	226,679	68.01
69.00	06900	ELECTROCARDIOLOGY	143,675	0	143,675	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,062	0	98,062	70.00
70.01	03950	NUTRITION SUPPORT	44,054	0	44,054	70.01
70.03	03952	CARDIAC CATH LAB	2,047,760	0	2,047,760	70.03
70.04	03953	CARDIAC REHA SERVICES	70,880	0	70,880	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	0	1,560,995	71.00
71.01	07101	COST OF SOLUTIONS	141,328	0	141,328	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,426,869	0	1,426,869	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,009,103	0	5,009,103	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	40,165	0	40,165	90.00
90.01	09001	ANTI COAG CLINIC	145,250	0	145,250	90.01
91.00	09100	EMERGENCY	2,166,248	0	2,166,248	91.00
91.01	09101	PARTIAL HOSPITALIZATION	23,682	0	23,682	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,466,724	0	3,466,724	95.00
99.10	09910	CORF	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,038,286	0	1,038,286	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	395,717	0	395,717	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	62,365,315	0	62,365,315	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	102,100	0	102,100	190.00
194.00	07950	NON ALLOWABLE	785	0	785	194.00
194.01	07951	TELEVISION	41	0	41	194.01
194.02	07952	PHYSICIAN PRACTICES	1,507	0	1,507	194.02
194.03	07953	OP CLINIC	19,068	0	19,068	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	194.04
194.05	07955	EDUCARE CTR	313,067	0	313,067	194.05
194.06	07956	STUCKY RESEARCH CTR	625,670	0	625,670	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	194.07
194.08	07958	FOUNDATION	66,419	0	66,419	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	194.11
194.12	07962	GUEST SERVICES	79,477	0	79,477	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	99,499	0	99,499	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	130,344	0	130,344	194.15
194.16	07966	FITNESS	8,388	0	8,388	194.16
194.17	07967	NONALLOWABLE ADVERTISING	17,154	0	17,154	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	32,869	0	32,869	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	157,228	0	157,228	194.21
194.22	07972	EBT	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	113,910	0	113,910	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	843,424	0	843,424	194.25
194.26	07976	ISH	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	194.27
200.00		Cross Foot Adjustments	222,722	0	222,722	200.00
201.00		Negative Cost Centers	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150021

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	65,198,987	0	65,198,987	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,732,703				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		16,614,931			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	37,559	9,892	235,496,735		4.00
5.01 00540	COMMUNICATIONS	0	24,377	0	6,911	5.01
5.02 00550	DATA PROCESSING	19,574	0	0	1,365	9,970
5.03 00560	MATERIALS MANAGEMENT	8,531	0	0	118	0
5.04 00570	PATIENT SERVICES	8,263	0	2,082,094	392	99
5.05 00580	PATIENT ACCOUNTING	290	0	0	239	0
5.06 00591	AMBULATORY SVCS ADMIN	0	0	0	0	0
5.07 00590	OTHER A&G	95,724	954,047	54,732,617	797	209
5.08 00592	CAREW MEDICAL PARK ADMIN	117	0	0	0	0
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	166,006	314,477	0	37	0
7.01 00701	FACILITY ENGINEERING	130,224	137,404	4,656,265	186	273
8.00 00800	LAUNDRY & LINEN SERVICE	1,974	0	309,656	100	33
9.00 00900	HOUSEKEEPING	33,135	37,418	4,807,699	44	550
10.00 01000	DIETARY	61,611	406,435	1,754,290	60	534
10.01 01001	KITCHEN-NO CONNECT W/CAFE	0	0	3,506,638	0	0
10.02 01002	CAFETERIA	0	0	0	0	0
10.03 01003	PREADMITS AND ER	0	0	0	0	0
11.00 01100	CAFETERIA	0	0	0	0	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	3,491	1,615	2,588,435	14	93
14.00 01400	CENTRAL SERVICES & SUPPLY	20,704	0	0	48	0
15.00 01500	PHARMACY	18,212	1,446,621	8,373,428	121	308
15.01 01501	OUTPATIENT PHARMACY	5,782	2,181	819,334	1	32
15.02 01502	IV SOLUTIONS	0	21,147	544,989	0	42
15.03 01503	MED SURG SUPPLY	0	0	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	12,686	0	0	15	0
17.00 01700	SOCIAL SERVICE	8,050	6,960	2,957,288	53	130
17.01 01701	REHAB ADMIN	0	96	361,221	32	14
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	266	0	78,680	0	0
23.01 02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02 02302	PARAMED ED PHARMACY	300	0	200,566	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	260,118	1,099,556	32,681,592	1,186	1,870
31.00 03100	INTENSIVE CARE UNIT	19,922	226,628	4,436,457	120	234
31.01 03101	PEDIATRIC ICU	6,194	77,348	835,203	15	33
31.02 03102	NEONATAL ICU	22,081	0	3,367,621	125	154
32.00 03200	CORONARY CARE UNIT	56,403	597,390	13,500,224	81	680
40.00 04000	SUBPROVIDER - IPF	45,567	36,489	5,737,043	56	326
41.00 04100	SUBPROVIDER - IRF	22,129	26,280	1,771,701	76	99
43.00 04300	NURSERY	4,051	135,280	2,002,266	1	0
44.00 04400	SKILLED NURSING FACILITY	26,689	20,533	2,794,683	38	173
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	125,690	1,787,671	8,761,702	140	519
50.01 05001	CAREW MEDICAL PARK SURG	0	0	0	15	0
51.00 05100	RECOVERY ROOM	58,645	84,937	3,332,491	92	116
52.00 05200	DELIVERY ROOM & LABOR ROOM	27,674	0	43,163	72	29
53.00 05300	ANESTHESIOLOGY	331	0	0	8	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	39,104	2,375,151	9,385,293	143	453
54.01 05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02 05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03 05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04 05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05 05405	RADIOLOGY - NHMP	2,412	0	186,063	0	12
54.06 05406	RADIOLOGY - CMP	0	362	0	18	0
54.07 05407	RADIOLOGY - WP	0	345	0	0	0
54.08 05408	RADIOLOGY - PULM CLINIC	3,472	15,539	39,448	5	2
54.09 05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	38,757	1,380,621	2,860,256	159	97
56.00 05600	RADIOISOTOPE	6,100	136,504	341,224	5	13
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	16,710	341,275	582,798	17	21
60.00 06000	LABORATORY	42,602	753,857	11,518,612	113	757

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
60.01	06001 ANATOMICAL PATHOLOGY	1,368	47,659	492,631	9	28	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	550,726	3	1	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	12,953	291,575	2,958,572	58	225	65.00
65.01	06501 WOUND CARE	3,567	21,476	581,203	0	26	65.01
65.02	06502 DIALYSIS	4,030	8,933	47,623	5	5	65.02
65.03	03330 ENDOSCOPY	29,471	673,462	2,069,827	12	103	65.03
66.00	06600 PHYSICAL THERAPY	19,502	30,750	3,323,026	15	246	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	1,364	0	1,866,435	1	14	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	654,045	1	0	68.00
68.01	06801 NEURO REHAB	7,873	9,225	1,107,466	17	43	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	1,964,921	4	24	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,474	27,997	365,894	1	8	70.00
70.01	03950 NUTRITION SUPPORT	0	634	583,772	10	32	70.01
70.03	03952 CARDIAC CATH LAB	29,959	680,131	3,195,302	142	125	70.03
70.04	03953 CARDIAC REHA SERVICES	3,041	7,026	87,853	14	6	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	6,245	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,581	88	2,987	9	0	90.00
90.01	09001 ANTI COAG CLINIC	3,332	1,599	888,678	11	23	90.01
91.00	09100 EMERGENCY	65,477	238,805	7,804,368	189	436	91.00
91.01	09101 PARTIAL HOSPITALIZATION	980	0	99,746	2	5	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	6,626	1,751,922	2,431,421	15	126	95.00
99.10	09910 CORF	0	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	17,229	24,912	6,045,024	93	468	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	0	0	3,871,009	0	0	116.00
118.00		1,666,977	16,280,875	232,943,569	6,718	9,849	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,389	3,509	99,820	7	9	190.00
194.00	07950 NON ALLOWABLE	0	0	0	38	0	194.00
194.01	07951 TELEVISION	0	0	0	2	0	194.01
194.02	07952 PHYSICIAN PRACTICES	88	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	2	0	4	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	16,073	1,821	66,943	1	4	194.05
194.06	07956 STUCKY RESEARCH CTR	1,131	315,191	1,009,537	2	46	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958 FOUNDATION	3,858	0	0	18	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	78,546	0	8	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	4,677	136	122,191	2	8	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	1,224	700	840,327	6	41	194.15
194.16	07966 FITNESS	0	0	117,527	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	1,002	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	1,880	0	0	7	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	8,952	2,348	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	4,711	10,349	187,893	2	5	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	17,741	0	30,382	104	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	20,279,730	26,500,847	35,792,575	2,074,464	638,826	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	11.704100	1.595002	0.151988	300.168427	64.074824	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			455,372	38,881	236,772	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001934	5.625959	23.748445	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT	80,945,318				5.03
5.04	00570	PATIENT SERVICES	98,594	1,233,383,484			5.04
5.05	00580	PATIENT ACCOUNTING	0	0	2,209,179,925		5.05
5.06	00591	AMBULATORY SVCS ADMIN	0	0	0	0	5.06
5.07	00590	OTHER A&G	660,944	0	0	0	-133,159,250
5.08	00592	CAREW MEDICAL PARK ADMIN	22	0	0	0	0
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	134,732	0	0	0	0
7.01	00701	FACILITY ENGINEERING	710,428	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	549,291	0	0	0	0
9.00	00900	HOUSEKEEPING	815,192	0	0	0	0
10.00	01000	DIETARY	677,217	0	0	0	0
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	0	0
10.02	01002	CAFETERIA	0	0	0	0	0
10.03	01003	PREADMITS AND ER	0	0	0	0	0
11.00	01100	CAFETERIA	0	0	0	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	266,028	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0
15.00	01500	PHARMACY	418,844	0	0	0	0
15.01	01501	OUTPATIENT PHARMACY	16,655	0	0	0	0
15.02	01502	IV SOLUTIONS	310,482	0	0	0	0
15.03	01503	MED SURG SUPPLY	48,495,629	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0
17.00	01700	SOCIAL SERVICE	11,663	0	0	0	0
17.01	01701	REHAB ADMIN	3,508	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	2,910,604	160,542,994	188,943,396	0	0
31.00	03100	INTENSIVE CARE UNIT	551,215	20,627,916	20,627,916	0	0
31.01	03101	PEDIATRIC ICU	30,747	2,202,481	2,202,481	0	0
31.02	03102	NEONATAL ICU	297,285	25,208,871	25,208,871	0	0
32.00	03200	CORONARY CARE UNIT	1,322,766	57,525,429	57,525,429	0	0
40.00	04000	SUBPROVIDER - I PF	150,571	25,185,813	25,185,813	0	0
41.00	04100	SUBPROVIDER - I RF	93,746	6,893,796	6,893,796	0	0
43.00	04300	NURSERY	0	4,402,920	4,402,920	0	0
44.00	04400	SKILLED NURSING FACILITY	192,155	8,079,152	8,079,152	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	3,878,798	168,671,218	273,741,185	0	0
50.01	05001	CAREW MEDICAL PARK SURG	0	0	51,929	0	0
51.00	05100	RECOVERY ROOM	251,017	26,858,839	59,240,716	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,071	2,532,314	2,532,314	0	0
53.00	05300	ANESTHESIOLOGY	34,182	425,000	428,678	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,152,484	118,590,636	348,027,616	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	1,946	7,972	898,060	0	0
54.06	05406	RADIOLOGY - CMP	539	0	3,659	0	0
54.07	05407	RADIOLOGY - WP	0	0	5,155	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	1,304	0	32,219	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	77,252	2,123,147	58,254,885	0	0
56.00	05600	RADIOISOTOPE	12,461	2,126,678	3,282,510	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,732	10,911,923	22,875,253	0	0
60.00	06000	LABORATORY	7,015,443	74,118,604	148,409,498	0	0
60.01	06001	ANATOMICAL PATHOLOGY	520,551	2,500,000	6,750,000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	9,824,218	11,697,605	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			MATERIALS MANAGEMENT (COSTED REQUISITION)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
			5.03	5.04	5.05	5.06	5A.07	
65.00	06500	RESPIRATORY THERAPY	196,382	23,478,914	31,181,171	0	0	65.00
65.01	06501	WOUND CARE	60,667	6,102,248	11,483,339	0	0	65.01
65.02	06502	DIALYSIS	26,565	3,318,768	3,606,192	0	0	65.02
65.03	03330	ENDOSCOPY	555,278	12,025,544	59,232,729	0	0	65.03
66.00	06600	PHYSICAL THERAPY	149,532	11,130,777	11,980,191	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,656	8,666,064	9,304,999	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,246,155	4,040,840	0	0	68.00
68.01	06801	NEURO REHAB	26,980	9,776	4,898,691	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	125,520	11,080,240	23,914,234	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	19,033	2,811,151	4,062,775	0	0	70.00
70.01	03950	NUTRITION SUPPORT	89,569	213,383	250,126	0	0	70.01
70.03	03952	CARDIAC CATH LAB	670,989	47,712,300	101,470,672	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	7,930	0	922,428	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	66,408,322	101,175,173	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	48,885,744	58,605,384	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	92,638,656	143,899,691	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	119,307,142	182,581,486	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	7,765	141,911	420,734	0	0	90.00
90.01	09001	ANTI COAG CLINIC	247,333	15,310	2,918,861	0	0	90.01
91.00	09100	EMERGENCY	1,205,806	46,808,557	138,110,390	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	869	22,601	406,151	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,667,399	0	13,851,994	0	0	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	635,358	0	15,040,024	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	10,520,594	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,384,729	1,233,383,484	2,209,179,925	0	-133,159,250	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	248,366	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	21,095	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	17,577	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	71,228	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	18,163	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	76,168	0	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	3,671	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	464	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	103,115	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	742	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	135,268	3,202,519	75,134	0		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	
		5.03	5.04	5.05	5.06	5A.07	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.001671	0.002597	0.000034	0.000000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	100,512	105,416	4,739	0		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001242	0.000085	0.000002	0.000000		205.00

COST ALLOCATION - STATISTICAL BASIS

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To 12/31/2014

Worksheet B-1

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Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590	423,235,570					5.07
5.08	00592	1,391	1,805,370				5.08
6.00	00600	0	0	0	0		6.00
7.00	00700	9,511,136	0	0	1,396,639		7.00
7.01	00701	9,102,557	0	0	130,224	1,266,415	7.01
8.00	00800	2,910,510	0	0	1,974	1,974	8.00
9.00	00900	6,940,974	0	0	33,135	33,135	9.00
10.00	01000	2,433,009	0	0	61,611	61,611	10.00
10.01	01001	4,039,605	0	0	0	0	10.01
10.02	01002	0	0	0	0	0	10.02
10.03	01003	0	0	0	0	0	10.03
11.00	01100	0	0	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	4,082,485	0	0	3,491	3,491	13.00
14.00	01400	256,730	0	0	20,704	20,704	14.00
15.00	01500	15,012,375	0	0	18,212	18,212	15.00
15.01	01501	11,163,764	0	0	5,782	5,782	15.01
15.02	01502	1,777,751	0	0	0	0	15.02
15.03	01503	51,469,956	0	0	0	0	15.03
16.00	01600	152,981	0	0	12,686	12,686	16.00
17.00	01700	4,752,969	0	0	8,050	8,050	17.00
17.01	01701	581,012	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	3,923,127	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	95,820	0	0	266	266	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	234,561	0	0	300	300	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	48,028,385	0	0	260,118	260,118	30.00
31.00	03100	6,183,215	0	0	19,922	19,922	31.00
31.01	03101	1,440,921	0	0	6,194	6,194	31.01
31.02	03102	4,741,088	0	0	22,081	22,081	31.02
32.00	03200	18,932,134	0	0	56,403	56,403	32.00
40.00	04000	8,011,494	0	0	45,567	45,567	40.00
41.00	04100	2,510,485	0	0	22,129	22,129	41.00
43.00	04300	3,362,074	0	0	4,051	4,051	43.00
44.00	04400	3,857,555	0	0	26,689	26,689	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	20,615,109	0	0	125,690	125,690	50.00
50.01	05001	4,505	0	0	0	0	50.01
51.00	05100	7,572,039	0	0	58,645	58,645	51.00
52.00	05200	403,151	0	0	27,674	27,674	52.00
53.00	05300	7,214	0	0	331	331	53.00
54.00	05400	19,156,764	0	0	39,104	39,104	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	259,587	0	0	2,412	2,412	54.05
54.06	05406	6,957	1,050	0	0	0	54.06
54.07	05407	9,803	0	0	0	0	54.07
54.08	05408	99,925	57,600	0	3,472	3,472	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	7,903,396	0	0	38,757	38,757	55.00
56.00	05600	764,880	0	0	6,100	6,100	56.00
58.00	05800	1,811,770	0	0	16,710	16,710	58.00
60.00	06000	15,841,785	751,003	0	42,602	42,602	60.00
60.01	06001	1,384,724	0	0	1,368	1,368	60.01
62.00	06200	4,862,094	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description			OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
			5.07	5.08	6.00	7.00	7.01	
65.00	06500	RESPIRATORY THERAPY	4,104,908	0	0	12,953	12,953	65.00
65.01	06501	WOUND CARE	2,089,504	0	0	3,567	3,567	65.01
65.02	06502	DIALYSIS	1,528,376	0	0	4,030	4,030	65.02
65.03	03330	ENDOSCOPY	5,054,985	0	0	29,471	29,471	65.03
66.00	06600	PHYSICAL THERAPY	4,294,317	0	0	19,502	19,502	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	2,264,680	0	0	1,364	1,364	67.00
68.00	06800	SPEECH PATHOLOGY	792,378	0	0	0	0	68.00
68.01	06801	NEURO REHAB	1,435,396	0	0	7,873	7,873	68.01
69.00	06900	ELECTROCARDIOLOGY	2,636,908	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	541,259	0	0	1,474	1,474	70.00
70.01	03950	NUTRITION SUPPORT	772,186	0	0	0	0	70.01
70.03	03952	CARDIAC CATH LAB	7,605,340	0	0	29,959	29,959	70.03
70.04	03953	CARDIAC REHA SERVICES	164,874	0	0	3,041	3,041	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	185,863	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	128,949	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	245,476	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,746,990	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	273,514	0	0	1,581	1,581	90.00
90.01	09001	ANTI COAG CLINIC	1,632,323	995,717	0	3,332	3,332	90.01
91.00	09100	EMERGENCY	11,522,470	0	0	65,477	65,477	91.00
91.01	09101	PARTIAL HOSPITALIZATION	129,475	0	0	980	980	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	10,783,337	0	0	6,626	6,626	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	9,170,817	0	0	17,229	17,229	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,758,754	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	404,076,846	1,805,370	0	1,330,913	1,200,689	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	452,653	0	0	4,389	4,389	190.00
194.00	07950	NON ALLOWABLE	11,406	0	0	0	0	194.00
194.01	07951	TELEVISION	600	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	1,030	0	0	88	88	194.02
194.03	07953	OP CLINIC	380,568	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	877,095	0	0	16,073	16,073	194.05
194.06	07956	STUCKY RESEARCH CTR	2,021,862	0	0	1,131	1,131	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08	07958	FOUNDATION	50,557	0	0	3,858	3,858	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	1,579,828	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	418,450	0	0	4,677	4,677	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	1,970,471	0	0	1,224	1,224	194.15
194.16	07966	FITNESS	163,096	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	11,728	0	0	1,002	1,002	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	34,784	0	0	1,880	1,880	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	109,288	0	0	8,952	8,952	194.21
194.22	07972	EBT	0	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	363,792	0	0	4,711	4,711	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	10,711,516	0	0	17,741	17,741	194.25
194.26	07976	ISH	0	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0	194.27
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)	133,159,250	1,829	0	12,503,549	13,132,265	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.314622	0.001013	0.000000	8.952599	10.369638	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	21,176,524	1,439	0	2,920,807	2,488,516	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.050035	0.000797	0.000000	2.091311	1.965008	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	MATERIALS MANAGEMENT					5.03
5.04	00570	PATIENT SERVICES					5.04
5.05	00580	PATIENT ACCOUNTING					5.05
5.06	00591	AMBULATORY SVCS ADMIN					5.06
5.07	00590	OTHER A&G					5.07
5.08	00592	CAREW MEDICAL PARK ADMIN					5.08
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
7.01	00701	FACILITY ENGINEERING					7.01
8.00	00800	LAUNDRY & LINEN SERVICE	10,000				8.00
9.00	00900	HOUSEKEEPING	0	1,231,306			9.00
10.00	01000	DIETARY	0	61,611	834,822		10.00
10.01	01001	KITCHEN-NO CONNECT W/CAFE	0	0	0	590,290	10.01
10.02	01002	CAFETERIA	0	0	239,723	0	244,532
10.03	01003	PREADMITS AND ER	0	0	8,106	3,297	4,809
11.00	01100	CAFETERIA	0	0	0	0	239,723
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	3,491	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,704	0	0	0
15.00	01500	PHARMACY	0	18,212	0	0	0
15.01	01501	OUTPATIENT PHARMACY	0	5,782	0	0	0
15.02	01502	IV SOLUTIONS	0	0	0	0	0
15.03	01503	MED SURG SUPPLY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,686	0	0	0
17.00	01700	SOCIAL SERVICE	0	8,050	0	0	0
17.01	01701	REHAB ADMIN	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	266	0	0	0
23.01	02301	PARAMED ED RADIOLOGY	0	0	0	0	0
23.02	02302	PARAMED ED PHARMACY	0	300	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	4,004	260,118	298,064	298,064	0
31.00	03100	INTENSIVE CARE UNIT	342	19,922	26,165	26,165	0
31.01	03101	PEDIATRIC ICU	0	6,194	1,784	1,784	0
31.02	03102	NEONATAL ICU	82	22,081	0	0	0
32.00	03200	CORONARY CARE UNIT	1,558	56,403	55,288	55,288	0
40.00	04000	SUBPROVIDER - I PF	260	45,567	136,346	136,346	0
41.00	04100	SUBPROVIDER - I RF	105	22,129	21,127	21,127	0
43.00	04300	NURSERY	0	4,051	0	0	0
44.00	04400	SKILLED NURSING FACILITY	242	26,689	48,219	48,219	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	125,690	0	0	0
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0
51.00	05100	RECOVERY ROOM	43	58,645	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,674	0	0	0
53.00	05300	ANESTHESIOLOGY	328	331	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	39,104	0	0	0
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0
54.05	05405	RADIOLOGY - NHMP	0	2,412	0	0	0
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0
54.07	05407	RADIOLOGY - WP	0	0	0	0	0
54.08	05408	RADIOLOGY - PULM CLINIC	0	3,472	0	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	38,757	0	0	0
56.00	05600	RADIOISOTOPE	0	6,100	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	349	16,710	0	0	0
60.00	06000	LABORATORY	1	42,602	0	0	0
60.01	06001	ANATOMICAL PATHOLOGY	0	1,368	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
65.00	06500	RESPIRATORY THERAPY	16	12,953	0	0	0 65.00
65.01	06501	WOUND CARE	29	3,567	0	0	0 65.01
65.02	06502	DIALYSIS	47	4,030	0	0	0 65.02
65.03	03330	ENDOSCOPY	109	29,471	0	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0	19,502	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	1,364	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	27	7,873	0	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,474	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	0	0	0 70.01
70.03	03952	CARDIAC CATH LAB	362	29,959	0	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0	3,041	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1,581	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	1	3,332	0	0	0 90.01
91.00	09100	EMERGENCY	2,095	65,477	0	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	980	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	6,626	0	0	0 95.00
99.10	09910	CORF	0	0	0	0	0 99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0 99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0 99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0 99.40
101.00	10100	HOME HEALTH AGENCY	0	17,229	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000	1,165,580	834,822	590,290	244,532 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,389	0	0	0 190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	0 194.00
194.01	07951	TELEVISION	0	0	0	0	0 194.01
194.02	07952	PHYSICIAN PRACTICES	0	88	0	0	0 194.02
194.03	07953	OP CLINIC	0	0	0	0	0 194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	0 194.04
194.05	07955	EDUCARE CTR	0	16,073	0	0	0 194.05
194.06	07956	STUCKY RESEARCH CTR	0	1,131	0	0	0 194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	0 194.07
194.08	07958	FOUNDATION	0	3,858	0	0	0 194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	0 194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	0 194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	0 194.11
194.12	07962	GUEST SERVICES	0	0	0	0	0 194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	0 194.13
194.14	07964	SENIOR HEALTH SERVICES	0	4,677	0	0	0 194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	1,224	0	0	0 194.15
194.16	07966	FITNESS	0	0	0	0	0 194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	1,002	0	0	0 194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	1,880	0	0	0 194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	0 194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	0 194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	8,952	0	0	0 194.21
194.22	07972	EBT	0	0	0	0	0 194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	4,711	0	0	0 194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	0 194.24
194.25	07975	PREMIER SURGERY CENTER	0	17,741	0	0	0 194.25
194.26	07976	ISH	0	0	0	0	0 194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	0 194.27
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,864,362	9,764,999	4,877,562	5,310,554	1,400,614 202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	
		8.00	9.00	10.00	10.01	10.02	
203.00	Unit cost multiplier (Wkst. B, Part I)	386.436200	7.930603	5.842637	8.996517	5.727733	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	179,366	952,816	1,805,946	208,904	518,586	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	17.936600	0.773826	2.163271	0.353901	2.120729	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100	298,064					11.00
12.00	01200	0	22,907				12.00
13.00	01300	0	298	0	14,868		13.00
14.00	01400	0	0	0	0	999,855	14.00
15.00	01500	0	991	0	991	0	15.00
15.01	01501	0	101	0	101	0	15.01
15.02	01502	0	134	0	134	0	15.02
15.03	01503	0	0	0	0	863,214	15.03
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	428	0	0	0	17.00
17.01	01701	0	45	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	298,064	5,545	0	5,545	6,211	30.00
31.00	03100	0	751	0	751	23	31.00
31.01	03101	0	107	0	107	5	31.01
31.02	03102	0	495	0	495	184	31.02
32.00	03200	0	2,185	0	2,185	61	32.00
40.00	04000	0	1,163	0	0	16	40.00
41.00	04100	0	318	0	0	0	41.00
43.00	04300	0	339	0	339	0	43.00
44.00	04400	0	557	0	557	24	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,669	0	1,399	128,581	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	0	374	0	374	20	51.00
52.00	05200	0	93	0	93	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	1,302	0	100	73	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	0	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	0	0	0	6	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	2	55.00
56.00	05600	0	41	0	0	0	56.00
58.00	05800	0	67	0	0	11	58.00
60.00	06000	0	946	0	0	0	60.00
60.01	06001	0	90	0	0	0	60.01
62.00	06200	0	2	0	0	0	62.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	722	0	863	65.00
65.01	06501	WOUND CARE	0	125	0	0	65.01
65.02	06502	DIALYSIS	0	15	0	0	65.02
65.03	03330	ENDOSCOPY	0	330	0	88	65.03
66.00	06600	PHYSICAL THERAPY	0	780	0	121	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	47	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	138	0	1	68.01
69.00	06900	ELECTROCARDIOLOGY	0	78	0	1	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	103	0	0	70.01
70.03	03952	CARDIAC CATH LAB	0	402	0	12	70.03
70.04	03953	CARDIAC REHA SERVICES	0	19	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	1	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	0	73	90.01
91.00	09100	EMERGENCY	0	1,403	0	1,316	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	16	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	406	0	0	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	0	0	0	12	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	298,064	22,650	0	14,703	999,855
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	12	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	25	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	0	165	0	165	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	31	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	0	0	0	0	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PREADMI TS AND ER (MEALS PREADMI TS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.03	11.00	12.00	13.00	14.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	104,567	1,373,069	0	5,479,927	901,746	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.350821	59.941022	0.000000	368.571899	0.901877	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	28,901	508,387	0	278,802	355,441	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.096962	22.193522	0.000000	18.751816	0.355493	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00540						5.01
5.02	00550						5.02
5.03	00560						5.03
5.04	00570						5.04
5.05	00580						5.05
5.06	00591						5.06
5.07	00590						5.07
5.08	00592						5.08
6.00	00600						6.00
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
10.01	01001						10.01
10.02	01002						10.02
10.03	01003						10.03
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	24,604,238					15.00
15.01	01501	0	10,000				15.01
15.02	01502	0	0	10,000			15.02
15.03	01503	0	0	0	10,000		15.03
16.00	01600	0	0	0	0	8,862	16.00
17.00	01700	0	0	0	0	0	17.00
17.01	01701	0	0	0	0	0	17.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	15,383	0	0	0	343	30.00
31.00	03100	204	0	0	0	1	31.00
31.01	03101	12	0	0	0	3	31.01
31.02	03102	95	0	0	0	0	31.02
32.00	03200	725	0	0	0	18	32.00
40.00	04000	3	0	0	0	1	40.00
41.00	04100	9	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,023	0	0	0	1,488	50.00
50.01	05001	0	0	0	0	0	50.01
51.00	05100	46	0	0	0	241	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	3,222	0	0	0	0	53.00
54.00	05400	1,308	0	0	0	3,045	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
54.04	05404	0	0	0	0	0	54.04
54.05	05405	0	0	0	0	12	54.05
54.06	05406	0	0	0	0	0	54.06
54.07	05407	0	0	0	0	0	54.07
54.08	05408	26	0	0	0	0	54.08
54.09	05409	0	0	0	0	0	54.09
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	23	56.00
58.00	05800	1	0	0	0	194	58.00
60.00	06000	59	0	0	0	0	60.00
60.01	06001	95	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
62.30	06250	0	0	0	0	0	62.30

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
65.00	06500	RESPIRATORY THERAPY	14	0	0	120	65.00
65.01	06501	WOUND CARE	0	0	0	4	65.01
65.02	06502	DIALYSIS	1	0	0	4	65.02
65.03	03330	ENDOSCOPY	302	0	0	733	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	42	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	NEURO REHAB	638	0	0	51	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	182	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	10	70.00
70.01	03950	NUTRITION SUPPORT	152	0	0	1	70.01
70.03	03952	CARDIAC CATH LAB	88	0	0	1,245	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	13	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,220	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	10,000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,780	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,961,764	10,000	0	0	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	4	90.00
90.01	09001	ANTI COAG CLINIC	485	0	0	39	90.01
91.00	09100	EMERGENCY	4,008	0	0	0	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	13	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,182	0	0	155	95.00
99.10	09910	CORF	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100	HOME HEALTH AGENCY	1,593,816	0	0	350	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,593,661	10,000	10,000	8,335	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	NON ALLOWABLE	0	0	0	0	194.00
194.01	07951	TELEVISION	0	0	0	0	194.01
194.02	07952	PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953	OP CLINIC	0	0	0	0	194.03
194.04	07954	PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955	EDUCARE CTR	0	0	0	0	194.05
194.06	07956	STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957	OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958	FOUNDATION	0	0	0	0	194.08
194.09	07959	LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960	PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961	OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962	GUEST SERVICES	0	0	0	0	194.12
194.13	07963	HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964	SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965	SCHOOL NURSE/COMMUNITY OUTREACH	6,549	0	0	0	194.15
194.16	07966	FITNESS	0	0	0	0	194.16
194.17	07967	NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968	BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969	REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970	START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971	RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972	EBT	0	0	0	0	194.22
194.23	07973	MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974	START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975	PREMIER SURGERY CENTER	4,028	0	0	527	194.25
194.26	07976	ISH	0	0	0	0	194.26
194.27	07977	MCHA BRYAN HOPD	0	0	0	0	194.27
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	20,656,584	14,876,986	2,394,492	68,442,072	546,842
							202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.839554	1,487.698600	239.449200	6,844.207200	61.706387	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,424,916	664,167	130,604	2,942,312	217,491	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.139200	66.416700	13.060400	294.231200	24.541977	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00540 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00560 MATERIALS MANAGEMENT						5.03
5.04 00570 PATIENT SERVICES						5.04
5.05 00580 PATIENT ACCOUNTING						5.05
5.06 00591 AMBULATORY SVCS ADMIN						5.06
5.07 00590 OTHER A&G						5.07
5.08 00592 CAREW MEDICAL PARK ADMIN						5.08
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
7.01 00701 FACILITY ENGINEERING						7.01
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE						10.01
10.02 01002 CAFETERIA						10.02
10.03 01003 PREADMITS AND ER						10.03
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
15.01 01501 OUTPATIENT PHARMACY						15.01
15.02 01502 IV SOLUTIONS						15.02
15.03 01503 MED SURG SUPPLY						15.03
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	1,000					17.00
17.01 01701 REHAB ADMIN	0	10,000				17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			10,000	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED RADIOLOGY	0	0				23.01
23.02 02302 PARAMED ED PHARMACY	0	0				23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	644	0		0	5,911	30.00
31.00 03100 INTENSIVE CARE UNIT	98	0		0	1,066	31.00
31.01 03101 PEDIATRIC ICU	0	0		0	0	31.01
31.02 03102 NEONATAL ICU	8	0		0	0	31.02
32.00 03200 CORONARY CARE UNIT	185	0		0	394	32.00
40.00 04000 SUBPROVIDER - IPF	0	0		0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	1,272		0	0	41.00
43.00 04300 NURSERY	0	0		0	648	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	606	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	155	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 05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	0	0	56.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
60.01 06001 ANATOMICAL PATHOLOGY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2	65.00
65.01 06501 WOUND CARE	0	0	0	0	0	65.01
65.02 06502 DIALYSIS	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	0	0	0	65.03
66.00 06600 PHYSICAL THERAPY	0	4,854	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	1,654	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,654	0	0	0	68.00
68.01 06801 NEURO REHAB	0	566	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	0	0	0	70.01
70.03 03952 CARDIAC CATH LAB	65	0	0	0	0	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	1,218	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
99.20 09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30 09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40 09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,000	10,000	0	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 NON ALLOWABLE	0	0	0	0	0	194.00
194.01 07951 TELEVISION	0	0	0	0	0	194.01
194.02 07952 PHYSICIAN PRACTICES	0	0	0	0	0	194.02
194.03 07953 OP CLINIC	0	0	0	0	0	194.03
194.04 07954 PHYS. ANSWERING SERVICE	0	0	0	0	0	194.04
194.05 07955 EDUCARE CTR	0	0	0	0	0	194.05
194.06 07956 STUCKY RESEARCH CTR	0	0	0	0	0	194.06
194.07 07957 OCCUPATIONAL HEALTH	0	0	0	0	0	194.07
194.08 07958 FOUNDATION	0	0	0	0	0	194.08
194.09 07959 LV HEALTH PLAN	0	0	0	0	0	194.09
194.10 07960 PV RESPIRATORY OUTREACH	0	0	0	0	0	194.10
194.11 07961 OUTREACH TRANSCRIPTION	0	0	0	0	0	194.11
194.12 07962 GUEST SERVICES	0	0	0	0	0	194.12
194.13 07963 HUNTINGTON ARC	0	0	0	0	0	194.13
194.14 07964 SENIOR HEALTH SERVICES	0	0	0	0	0	194.14
194.15 07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	0	0	194.15
194.16 07966 FITNESS	0	0	0	0	0	194.16
194.17 07967 NONALLOWABLE ADVERTISING	0	0	0	0	0	194.17
194.18 07968 BREAST DIAGNOSTIC CTR	0	0	0	0	0	194.18
194.19 07969 REGIONAL PAIN CLINIC	0	0	0	0	0	194.19
194.20 07970 START-UP COSTS NORTH	0	0	0	0	0	194.20
194.21 07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	0	194.21
194.22 07972 EBT	0	0	0	0	0	194.22
194.23 07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	0	194.23
194.24 07974 START-UP COSTS ORTHO	0	0	0	0	0	194.24
194.25 07975 PREMIER SURGERY CENTER	0	0	0	0	0	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS	
	(TIME SPENT)	(PERCENTAGE 4)	ANESTHETISTS (ASSIGNED TIME)	(ASSIGNED TIME)	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	17.00	17.01	19.00	20.00	21.00	
194.26 07976 ISH	0	0	0	0	0	194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0	0	194.27
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	6,493,398	766,508	0	0	5,157,429	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6,493.398000	76.650800	0.000000	0.000000	515.742900	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	400,633	31,438	0	0	196,294	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	400.633000	3.143800	0.000000	0.000000	19.629400	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)				
	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01 00540 COMMUNICATIONS					5.01
5.02 00550 DATA PROCESSING					5.02
5.03 00560 MATERIALS MANAGEMENT					5.03
5.04 00570 PATIENT SERVICES					5.04
5.05 00580 PATIENT ACCOUNTING					5.05
5.06 00591 AMBULATORY SVCS ADMIN					5.06
5.07 00590 OTHER A&G					5.07
5.08 00592 CAREW MEDICAL PARK ADMIN					5.08
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
7.01 00701 FACILITY ENGINEERING					7.01
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
10.01 01001 KITCHEN-NO CONNECT W/CAFE					10.01
10.02 01002 CAFETERIA					10.02
10.03 01003 PREADMITS AND ER					10.03
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
15.01 01501 OUTPATIENT PHARMACY					15.01
15.02 01502 IV SOLUTIONS					15.02
15.03 01503 MED SURG SUPPLY					15.03
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
17.01 01701 REHAB ADMIN					17.01
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		10,000			23.00
23.01 02301 PARAMED RADIOLOGY		0	0		23.01
23.02 02302 PARAMED PHARMACY		0	0	24,604,238	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	15,383	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	204	31.00
31.01 03101 PEDIATRIC ICU	0	0	0	12	31.01
31.02 03102 NEONATAL ICU	0	0	0	95	31.02
32.00 03200 CORONARY CARE UNIT	0	0	0	725	32.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	3	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	9	41.00
43.00 04300 NURSERY	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	7,023	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	46	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	3,222	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	1,308	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	26	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIO SOTOPE	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	1	58.00
60.00 06000 LABORATORY	0	10,000	0	59	60.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)	
		22.00	23.00	23.01	23.02	
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	95	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	14	65.00
65.01	06501 WOUND CARE	0	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	1	65.02
65.03	03330 ENDOSCOPY	0	0	0	302	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	638	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	152	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	88	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	22,961,764	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	485	90.01
91.00	09100 EMERGENCY	0	0	0	4,008	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	4,182	95.00
99.10	09910 CORF	0	0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	0	0	0	1,593,816	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	10,000	0	24,593,661	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950 NON ALLOWABLE	0	0	0	0	194.00
194.01	07951 TELEVISION	0	0	0	0	194.01
194.02	07952 PHYSICIAN PRACTICES	0	0	0	0	194.02
194.03	07953 OP CLINIC	0	0	0	0	194.03
194.04	07954 PHYS. ANSWERING SERVICE	0	0	0	0	194.04
194.05	07955 EDUCARE CTR	0	0	0	0	194.05
194.06	07956 STUCKY RESEARCH CTR	0	0	0	0	194.06
194.07	07957 OCCUPATIONAL HEALTH	0	0	0	0	194.07
194.08	07958 FOUNDATION	0	0	0	0	194.08
194.09	07959 LV HEALTH PLAN	0	0	0	0	194.09
194.10	07960 PV RESPIRATORY OUTREACH	0	0	0	0	194.10
194.11	07961 OUTREACH TRANSCRIPTION	0	0	0	0	194.11
194.12	07962 GUEST SERVICES	0	0	0	0	194.12
194.13	07963 HUNTINGTON ARC	0	0	0	0	194.13
194.14	07964 SENIOR HEALTH SERVICES	0	0	0	0	194.14
194.15	07965 SCHOOL NURSE/COMMUNITY OUTREACH	0	0	0	6,549	194.15
194.16	07966 FITNESS	0	0	0	0	194.16
194.17	07967 NONALLOWABLE ADVERTISING	0	0	0	0	194.17
194.18	07968 BREAST DIAGNOSTIC CTR	0	0	0	0	194.18
194.19	07969 REGIONAL PAIN CLINIC	0	0	0	0	194.19
194.20	07970 START-UP COSTS NORTH	0	0	0	0	194.20
194.21	07971 RONALD MCDONALD FAMILY ROOM	0	0	0	0	194.21
194.22	07972 EBT	0	0	0	0	194.22
194.23	07973 MEDICAL OFFICE BUILDINGS	0	0	0	0	194.23
194.24	07974 START-UP COSTS ORTHO	0	0	0	0	194.24
194.25	07975 PREMIER SURGERY CENTER	0	0	0	4,028	194.25

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

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

Worksheet B-1

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02		
194.26 07976 ISH	0	0	0	0		194.26
194.27 07977 MCHA BRYAN HOPD	0	0	0	0		194.27
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)	0	133,216	0	316,535		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	13.321600	0.000000	0.012865		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	9,344	0	17,084		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.934400	0.000000	0.000694		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 11:00 am

		Title XVIIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	82,900,735		82,900,735	0	82,900,735	30.00
31.00	03100 INTENSIVE CARE UNIT	10,150,372		10,150,372	0	10,150,372	31.00
31.01	03101 PEDIATRIC ICU	2,135,594		2,135,594	2,699	2,138,293	31.01
31.02	03102 NEONATAL ICU	7,130,505		7,130,505	0	7,130,505	31.02
32.00	03200 CORONARY CARE UNIT	29,987,601		29,987,601	0	29,987,601	32.00
40.00	04000 SUBPROVIDER - I/PF	13,967,438		13,967,438	0	13,967,438	40.00
41.00	04100 SUBPROVIDER - I/RF	4,374,068		4,374,068	14,987	4,389,055	41.00
43.00	04300 NURSERY	4,675,523		4,675,523	0	4,675,523	43.00
44.00	04400 SKILLED NURSING FACILITY	6,846,329		6,846,329	0	6,846,329	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,355,928		31,355,928	0	31,355,928	50.00
50.01	05001 CAREW MEDICAL PARK SURG	5,922		5,922	0	5,922	50.01
51.00	05100 RECOVERY ROOM	11,744,421		11,744,421	0	11,744,421	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,324,038		1,324,038	0	1,324,038	52.00
53.00	05300 ANESTHESIOLOGY	148,001		148,001	0	148,001	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,553,574		26,553,574	0	26,553,574	54.00
54.01	05401 RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	407,734		407,734	0	407,734	54.05
54.06	05406 RADIOLOGY - CMP	9,147		9,147	0	9,147	54.06
54.07	05407 RADIOLOGY - WP	12,887		12,887	0	12,887	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	228,276		228,276	0	228,276	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	11,446,218		11,446,218	65,047	11,511,265	55.00
56.00	05600 RADIOISOTOPE	1,175,648		1,175,648	0	1,175,648	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,988,052		2,988,052	0	2,988,052	58.00
60.00	06000 LABORATORY	22,178,103		22,178,103	0	22,178,103	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1,863,147		1,863,147	0	1,863,147	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	6,391,936		6,391,936	0	6,391,936	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	5,807,063	0	5,807,063	1,713	5,808,776	65.00
65.01	06501 WOUND CARE	2,909,136	0	2,909,136	16,667	2,925,803	65.01
65.02	06502 DIALYSIS	2,138,376	0	2,138,376	0	2,138,376	65.02
65.03	03330 ENDOSCOPY	7,556,034	0	7,556,034	0	7,556,034	65.03
66.00	06600 PHYSICAL THERAPY	6,598,409	0	6,598,409	0	6,598,409	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	3,143,967	0	3,143,967	0	3,143,967	67.00
68.00	06800 SPEECH PATHOLOGY	1,168,458	0	1,168,458	0	1,168,458	68.00
68.01	06801 NEURO REHAB	2,167,347	0	2,167,347	139	2,167,486	68.01
69.00	06900 ELECTROCARDIOLOGY	3,482,444	0	3,482,444	0	3,482,444	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	753,778	0	753,778	0	753,778	70.00
70.01	03950 NUTRITION SUPPORT	1,021,499	0	1,021,499	0	1,021,499	70.01
70.03	03952 CARDIAC CATH LAB	11,477,582	0	11,477,582	0	11,477,582	70.03
70.04	03953 CARDIAC REHAB SERVICES	301,564	0	301,564	0	301,564	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	35,971,102	0	35,971,102	0	35,971,102	71.00
71.01	07101 COST OF SOLUTIONS	2,564,011	0	2,564,011	0	2,564,011	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,038,018	0	33,038,018	0	33,038,018	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,353,719	0	64,353,719	0	64,353,719	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	402,961		402,961	0	402,961	90.00
90.01	09001 ANTI COAG CLINIC	2,268,045		2,268,045	0	2,268,045	90.01
91.00	09100 EMERGENCY	18,314,266		18,314,266	112,440	18,426,706	91.00
91.01	09101 PARTIAL HOSPITALIZATION	198,680		198,680	0	198,680	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,843,028		9,843,028	0	9,843,028	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	14,394,135		14,394,135	0	14,394,135	95.00
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	13,910,315		13,910,315	0	13,910,315	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	10,199,829		10,199,829	0	10,199,829	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 11:00 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	
200.00	Subtotal (see instructions)	533,984,963	0	533,984,963	213,692	534,198,655	200.00
201.00	Less Observation Beds	9,843,028		9,843,028		9,843,028	201.00
202.00	Total (see instructions)	524,141,935	0	524,141,935	213,692	524,355,627	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 11:00 am

			Title XVIIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	160,542,994		160,542,994				30.00
31.00	03100	INTENSIVE CARE UNIT	20,627,916		20,627,916				31.00
31.01	03101	PEDIATRIC ICU	2,202,481		2,202,481				31.01
31.02	03102	NEONATAL ICU	25,208,871		25,208,871				31.02
32.00	03200	CORONARY CARE UNIT	57,525,429		57,525,429				32.00
40.00	04000	SUBPROVIDER - IPF	25,185,813		25,185,813				40.00
41.00	04100	SUBPROVIDER - IRF	6,893,796		6,893,796				41.00
43.00	04300	NURSERY	4,402,920		4,402,920				43.00
44.00	04400	SKILLED NURSING FACILITY	8,079,152		8,079,152				44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	168,671,218	105,069,967	273,741,185	0.114546	0.000000		50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	51,929	51,929	0.114040	0.000000		50.01
51.00	05100	RECOVERY ROOM	26,858,839	32,381,877	59,240,716	0.198249	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,532,314	0	2,532,314	0.522857	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	425,000	3,678	428,678	0.345250	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,590,636	229,436,980	348,027,616	0.076297	0.000000		54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	0.000000		54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	0.000000		54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	0.000000		54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	0.000000		54.04
54.05	05405	RADIOLOGY - NHMP	7,972	890,088	898,060	0.454016	0.000000		54.05
54.06	05406	RADIOLOGY - CMP	0	3,659	3,659	2.499863	0.000000		54.06
54.07	05407	RADIOLOGY - WP	0	5,155	5,155	2.499903	0.000000		54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	32,219	32,219	7.085136	0.000000		54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	0.000000		54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,123,147	56,131,738	58,254,885	0.196485	0.000000		55.00
56.00	05600	RADIOISOTOPE	2,126,678	1,155,832	3,282,510	0.358155	0.000000		56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,911,923	11,963,330	22,875,253	0.130624	0.000000		58.00
60.00	06000	LABORATORY	74,118,604	74,290,894	148,409,498	0.149439	0.000000		60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,500,000	4,250,000	6,750,000	0.276022	0.000000		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,824,218	1,873,387	11,697,605	0.546431	0.000000		62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000		62.30
65.00	06500	RESPIRATORY THERAPY	23,478,914	7,702,257	31,181,171	0.186236	0.000000		65.00
65.01	06501	WOUND CARE	6,102,248	5,381,091	11,483,339	0.253335	0.000000		65.01
65.02	06502	DIALYSIS	3,318,768	287,424	3,606,192	0.592973	0.000000		65.02
65.03	03330	ENDOSCOPY	12,025,544	47,207,185	59,232,729	0.127565	0.000000		65.03
66.00	06600	PHYSICAL THERAPY	11,130,777	849,414	11,980,191	0.550777	0.000000		66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	0.000000		66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	0.000000		66.02
67.00	06700	OCCUPATIONAL THERAPY	8,666,064	638,935	9,304,999	0.337879	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	3,246,155	794,685	4,040,840	0.289162	0.000000		68.00
68.01	06801	NEURO REHAB	9,776	4,888,915	4,898,691	0.442434	0.000000		68.01
69.00	06900	ELECTROCARDIOLOGY	11,080,240	12,833,994	23,914,234	0.145622	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,811,151	1,251,624	4,062,775	0.185533	0.000000		70.00
70.01	03950	NUTRITION SUPPORT	213,383	36,743	250,126	4.083938	0.000000		70.01
70.03	03952	CARDIAC CATH LAB	47,712,300	53,758,372	101,470,672	0.113112	0.000000		70.03
70.04	03953	CARDIAC REHA SERVICES	0	922,428	922,428	0.326924	0.000000		70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,408,322	34,766,851	101,175,173	0.355533	0.000000		71.00
71.01	07101	COST OF SOLUTIONS	48,885,744	9,719,640	58,605,384	0.043750	0.000000		71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,638,656	51,261,035	143,899,691	0.229591	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,307,142	63,274,344	182,581,486	0.352466	0.000000		73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000		76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	141,911	278,823	420,734	0.957757	0.000000		90.00
90.01	09001	ANTI COAG CLINIC	15,310	2,903,551	2,918,861	0.777031	0.000000		90.01
91.00	09100	EMERGENCY	46,808,557	91,301,833	138,110,390	0.132606	0.000000		91.00
91.01	09101	PARTIAL HOSPITALIZATION	22,601	383,550	406,151	0.489178	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,400,402	28,400,402	0.346581	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	13,851,994	13,851,994	1.039138	0.000000		95.00
99.10	09910	CORF	0	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0				99.40
101.00	10100	HOME HEALTH AGENCY	0	15,040,024	15,040,024				101.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0	10,520,594	10,520,594				116.00
200.00		Subtotal (see instructions)	1,233,383,484	975,796,441	2,209,179,925				200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
201.00	Less Observation Beds						201.00
202.00	Total (see instructions)	1,233,383,484	975,796,441	2,209,179,925			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 11:00 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 PEDIATRIC ICU			31.01
31.02	03102 NEONATAL ICU			31.02
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.114546		50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.114040		50.01
51.00	05100 RECOVERY ROOM	0.198249		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.522857		52.00
53.00	05300 ANESTHESIOLOGY	0.345250		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076297		54.00
54.01	05401 RADIOLOGY - WABASH	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	0.454016		54.05
54.06	05406 RADIOLOGY - CMP	2.499863		54.06
54.07	05407 RADIOLOGY - WP	2.499903		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	7.085136		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.197602		55.00
56.00	05600 RADIOISOTOPE	0.358155		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130624		58.00
60.00	06000 LABORATORY	0.149439		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.276022		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	0.186291		65.00
65.01	06501 WOUND CARE	0.254787		65.01
65.02	06502 DIALYSIS	0.592973		65.02
65.03	03330 ENDOSCOPY	0.127565		65.03
66.00	06600 PHYSICAL THERAPY	0.550777		66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000		66.01
66.02	03650 PV REHAB OUTREACH	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	0.337879		67.00
68.00	06800 SPEECH PATHOLOGY	0.289162		68.00
68.01	06801 NEURO REHAB	0.442462		68.01
69.00	06900 ELECTROCARDIOLOGY	0.145622		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185533		70.00
70.01	03950 NUTRITION SUPPORT	4.083938		70.01
70.03	03952 CARDIAC CATH LAB	0.113112		70.03
70.04	03953 CARDIAC REHA SERVICES	0.326924		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533		71.00
71.01	07101 COST OF SOLUTIONS	0.043750		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.229591		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.352466		73.00
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
76.99	07699 LI THOTRI PSY	0.000000		76.99
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.957757		90.00
90.01	09001 ANTI COAG CLINIC	0.777031		90.01
91.00	09100 EMERGENCY	0.133420		91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.489178		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346581		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	1.039138		95.00
99.10	09910 CORF			99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY			99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY			99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY			99.40
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 11:00 am

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	82,900,735		82,900,735	0	82,900,735	30.00
31.00	03100 INTENSIVE CARE UNIT	10,150,372		10,150,372	0	10,150,372	31.00
31.01	03101 PEDIATRIC ICU	2,135,594		2,135,594	2,699	2,138,293	31.01
31.02	03102 NEONATAL ICU	7,130,505		7,130,505	0	7,130,505	31.02
32.00	03200 CORONARY CARE UNIT	29,987,601		29,987,601	0	29,987,601	32.00
40.00	04000 SUBPROVIDER - I/PF	13,967,438		13,967,438	0	13,967,438	40.00
41.00	04100 SUBPROVIDER - I/RF	4,374,068		4,374,068	14,987	4,389,055	41.00
43.00	04300 NURSERY	4,675,523		4,675,523	0	4,675,523	43.00
44.00	04400 SKILLED NURSING FACILITY	6,846,329		6,846,329	0	6,846,329	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	31,355,928		31,355,928	0	31,355,928	50.00
50.01	05001 CAREW MEDICAL PARK SURG	5,922		5,922	0	5,922	50.01
51.00	05100 RECOVERY ROOM	11,744,421		11,744,421	0	11,744,421	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,324,038		1,324,038	0	1,324,038	52.00
53.00	05300 ANESTHESIOLOGY	148,001		148,001	0	148,001	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,553,574		26,553,574	0	26,553,574	54.00
54.01	05401 RADIOLOGY - WABASH	0		0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0		0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0		0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0		0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	407,734		407,734	0	407,734	54.05
54.06	05406 RADIOLOGY - CMP	9,147		9,147	0	9,147	54.06
54.07	05407 RADIOLOGY - WP	12,887		12,887	0	12,887	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	228,276		228,276	0	228,276	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0		0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	11,446,218		11,446,218	65,047	11,511,265	55.00
56.00	05600 RADIOISOTOPE	1,175,648		1,175,648	0	1,175,648	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,988,052		2,988,052	0	2,988,052	58.00
60.00	06000 LABORATORY	22,178,103		22,178,103	0	22,178,103	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1,863,147		1,863,147	0	1,863,147	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	6,391,936		6,391,936	0	6,391,936	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	5,807,063	0	5,807,063	1,713	5,808,776	65.00
65.01	06501 WOUND CARE	2,909,136	0	2,909,136	16,667	2,925,803	65.01
65.02	06502 DIALYSIS	2,138,376	0	2,138,376	0	2,138,376	65.02
65.03	03330 ENDOSCOPY	7,556,034	0	7,556,034	0	7,556,034	65.03
66.00	06600 PHYSICAL THERAPY	6,598,409	0	6,598,409	0	6,598,409	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	3,143,967	0	3,143,967	0	3,143,967	67.00
68.00	06800 SPEECH PATHOLOGY	1,168,458	0	1,168,458	0	1,168,458	68.00
68.01	06801 NEURO REHAB	2,167,347	0	2,167,347	139	2,167,486	68.01
69.00	06900 ELECTROCARDIOLOGY	3,482,444	0	3,482,444	0	3,482,444	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	753,778	0	753,778	0	753,778	70.00
70.01	03950 NUTRITION SUPPORT	1,021,499	0	1,021,499	0	1,021,499	70.01
70.03	03952 CARDIAC CATH LAB	11,477,582	0	11,477,582	0	11,477,582	70.03
70.04	03953 CARDIAC REHABILITATION SERVICES	301,564	0	301,564	0	301,564	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	35,971,102	0	35,971,102	0	35,971,102	71.00
71.01	07101 COST OF SOLUTIONS	2,564,011	0	2,564,011	0	2,564,011	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,038,018	0	33,038,018	0	33,038,018	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,353,719	0	64,353,719	0	64,353,719	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	402,961		402,961	0	402,961	90.00
90.01	09001 ANTI COAG CLINIC	2,268,045		2,268,045	0	2,268,045	90.01
91.00	09100 EMERGENCY	18,314,266		18,314,266	112,440	18,426,706	91.00
91.01	09101 PARTIAL HOSPITALIZATION	198,680		198,680	0	198,680	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,843,028		9,843,028	0	9,843,028	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	14,394,135		14,394,135	0	14,394,135	95.00
99.10	09910 CORF	0		0	0	0	99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
101.00	10100 HOME HEALTH AGENCY	13,910,315		13,910,315	0	13,910,315	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPI CE	10,199,829		10,199,829	0	10,199,829	116.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 11:00 am

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	
200.00	Subtotal (see instructions)	533,984,963	0	533,984,963	213,692	534,198,655	200.00
201.00	Less Observation Beds	9,843,028		9,843,028		9,843,028	201.00
202.00	Total (see instructions)	524,141,935	0	524,141,935	213,692	524,355,627	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 11:00 am	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	160,542,994		160,542,994			30.00
31.00	03100	INTENSIVE CARE UNIT	20,627,916		20,627,916			31.00
31.01	03101	PEDIATRIC ICU	2,202,481		2,202,481			31.01
31.02	03102	NEONATAL ICU	25,208,871		25,208,871			31.02
32.00	03200	CORONARY CARE UNIT	57,525,429		57,525,429			32.00
40.00	04000	SUBPROVIDER - IPF	25,185,813		25,185,813			40.00
41.00	04100	SUBPROVIDER - IRF	6,893,796		6,893,796			41.00
43.00	04300	NURSERY	4,402,920		4,402,920			43.00
44.00	04400	SKILLED NURSING FACILITY	8,079,152		8,079,152			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	168,671,218	105,069,967	273,741,185	0.114546	0.000000	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	51,929	51,929	0.114040	0.000000	50.01
51.00	05100	RECOVERY ROOM	26,858,839	32,381,877	59,240,716	0.198249	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,532,314	0	2,532,314	0.522857	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	425,000	3,678	428,678	0.345250	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118,590,636	229,436,980	348,027,616	0.076297	0.000000	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0.000000	0.000000	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0.000000	0.000000	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0.000000	0.000000	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0.000000	0.000000	54.04
54.05	05405	RADIOLOGY - NHMP	7,972	890,088	898,060	0.454016	0.000000	54.05
54.06	05406	RADIOLOGY - CMP	0	3,659	3,659	2.499863	0.000000	54.06
54.07	05407	RADIOLOGY - WP	0	5,155	5,155	2.499903	0.000000	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	32,219	32,219	7.085136	0.000000	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0.000000	0.000000	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	2,123,147	56,131,738	58,254,885	0.196485	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,126,678	1,155,832	3,282,510	0.358155	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,911,923	11,963,330	22,875,253	0.130624	0.000000	58.00
60.00	06000	LABORATORY	74,118,604	74,290,894	148,409,498	0.149439	0.000000	60.00
60.01	06001	ANATOMICAL PATHOLOGY	2,500,000	4,250,000	6,750,000	0.276022	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,824,218	1,873,387	11,697,605	0.546431	0.000000	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0.000000	0.000000	62.30
65.00	06500	RESPIRATORY THERAPY	23,478,914	7,702,257	31,181,171	0.186236	0.000000	65.00
65.01	06501	WOUND CARE	6,102,248	5,381,091	11,483,339	0.253335	0.000000	65.01
65.02	06502	DIALYSIS	3,318,768	287,424	3,606,192	0.592973	0.000000	65.02
65.03	03330	ENDOSCOPY	12,025,544	47,207,185	59,232,729	0.127565	0.000000	65.03
66.00	06600	PHYSICAL THERAPY	11,130,777	849,414	11,980,191	0.550777	0.000000	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0.000000	0.000000	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0.000000	0.000000	66.02
67.00	06700	OCCUPATIONAL THERAPY	8,666,064	638,935	9,304,999	0.337879	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	3,246,155	794,685	4,040,840	0.289162	0.000000	68.00
68.01	06801	NEURO REHAB	9,776	4,888,915	4,898,691	0.442434	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	11,080,240	12,833,994	23,914,234	0.145622	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,811,151	1,251,624	4,062,775	0.185533	0.000000	70.00
70.01	03950	NUTRITION SUPPORT	213,383	36,743	250,126	4.083938	0.000000	70.01
70.03	03952	CARDIAC CATH LAB	47,712,300	53,758,372	101,470,672	0.113112	0.000000	70.03
70.04	03953	CARDIAC REHA SERVICES	0	922,428	922,428	0.326924	0.000000	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	66,408,322	34,766,851	101,175,173	0.355533	0.000000	71.00
71.01	07101	COST OF SOLUTIONS	48,885,744	9,719,640	58,605,384	0.043750	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	92,638,656	51,261,035	143,899,691	0.229591	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	119,307,142	63,274,344	182,581,486	0.352466	0.000000	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0.000000	0.000000	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	141,911	278,823	420,734	0.957757	0.000000	90.00
90.01	09001	ANTI COAG CLINIC	15,310	2,903,551	2,918,861	0.777031	0.000000	90.01
91.00	09100	EMERGENCY	46,808,557	91,301,833	138,110,390	0.132606	0.000000	91.00
91.01	09101	PARTIAL HOSPITALIZATION	22,601	383,550	406,151	0.489178	0.000000	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	28,400,402	0.346581	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	13,851,994	13,851,994	1.039138	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0			99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0			99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0			99.40
101.00	10100	HOME HEALTH AGENCY	0	15,040,024	15,040,024			101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	10,520,594	10,520,594			116.00
200.00		Subtotal (see instructions)	1,233,383,484	975,796,441	2,209,179,925			200.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150021			Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX			Hospital		PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
		Inpatient	Outpatient	Total (col. 6 + col. 7)				
		6.00	7.00	8.00	9.00	10.00		
201.00	Less Observation Beds						201.00	
202.00	Total (see instructions)	1,233,383,484	975,796,441	2,209,179,925			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150021

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

Worksheet C
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
31.01	03101 PEDIATRIC ICU				31.01
31.02	03102 NEONATAL ICU				31.02
32.00	03200 CORONARY CARE UNIT				32.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.114546			50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.114040			50.01
51.00	05100 RECOVERY ROOM	0.198249			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.522857			52.00
53.00	05300 ANESTHESIOLOGY	0.345250			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076297			54.00
54.01	05401 RADIOLOGY - WABASH	0.000000			54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000			54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000			54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000			54.04
54.05	05405 RADIOLOGY - NHMP	0.454016			54.05
54.06	05406 RADIOLOGY - CMP	2.499863			54.06
54.07	05407 RADIOLOGY - WP	2.499903			54.07
54.08	05408 RADIOLOGY - PULM CLINIC	7.085136			54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000			54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.197602			55.00
56.00	05600 RADIOISOTOPE	0.358155			56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130624			58.00
60.00	06000 LABORATORY	0.149439			60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.276022			60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431			62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000			62.30
65.00	06500 RESPIRATORY THERAPY	0.186291			65.00
65.01	06501 WOUND CARE	0.254787			65.01
65.02	06502 DIALYSIS	0.592973			65.02
65.03	03330 ENDOSCOPY	0.127565			65.03
66.00	06600 PHYSICAL THERAPY	0.550777			66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000			66.01
66.02	03650 PV REHAB OUTREACH	0.000000			66.02
67.00	06700 OCCUPATIONAL THERAPY	0.337879			67.00
68.00	06800 SPEECH PATHOLOGY	0.289162			68.00
68.01	06801 NEURO REHAB	0.442462			68.01
69.00	06900 ELECTROCARDIOLOGY	0.145622			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185533			70.00
70.01	03950 NUTRITION SUPPORT	4.083938			70.01
70.03	03952 CARDIAC CATH LAB	0.113112			70.03
70.04	03953 CARDIAC REHA SERVICES	0.326924			70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533			71.00
71.01	07101 COST OF SOLUTIONS	0.043750			71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.229591			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.352466			73.00
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000			76.98
76.99	07699 LI THOTRI PSY	0.000000			76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.957757			90.00
90.01	09001 ANTI COAG CLINIC	0.777031			90.01
91.00	09100 EMERGENCY	0.133420			91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.489178			91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346581			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	1.039138			95.00
99.10	09910 CORF				99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY				99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY				99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY				99.40
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600 HOSPICE				116.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY				Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part II Date/Time Prepared: 5/27/2015 11:00 am	
Title XIX				Hospital		PPS			
Cost Center Description			Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
			1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	31,355,928	6,157,822	25,198,106	0	0	50.00	
50.01	05001	CAREW MEDICAL PARK SURG	5,922	309	5,613	0	0	50.01	
51.00	05100	RECOVERY ROOM	11,744,421	1,518,436	10,225,985	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,324,038	482,947	841,091	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	148,001	12,289	135,712	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,553,574	5,545,113	21,008,461	0	0	54.00	
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01	
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	
54.05	05405	RADIOLOGY - NHMP	407,734	53,813	353,921	0	0	54.05	
54.06	05406	RADIOLOGY - CMP	9,147	1,028	8,119	0	0	54.06	
54.07	05407	RADIOLOGY - WP	12,887	1,040	11,847	0	0	54.07	
54.08	05408	RADIOLOGY - PULM CLINIC	228,276	87,509	140,767	0	0	54.08	
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	
55.00	05500	RADIOLOGY-THERAPEUTIC	11,446,218	3,247,482	8,198,736	0	0	55.00	
56.00	05600	RADIOISOTOPE	1,175,648	359,528	816,120	0	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,988,052	926,511	2,061,541	0	0	58.00	
60.00	06000	LABORATORY	22,178,103	2,777,260	19,400,843	0	0	60.00	
60.01	06001	ANATOMICAL PATHOLOGY	1,863,147	172,473	1,690,674	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	6,391,936	245,283	6,146,653	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	5,807,063	917,878	4,889,185	0	0	65.00	
65.01	06501	WOUND CARE	2,909,136	205,874	2,703,262	0	0	65.01	
65.02	06502	DIALYSIS	2,138,376	159,189	1,979,187	0	0	65.02	
65.03	03330	ENDOSCOPY	7,556,034	1,850,068	5,705,966	0	0	65.03	
66.00	06600	PHYSICAL THERAPY	6,598,409	633,517	5,964,892	0	0	66.00	
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	3,143,967	146,815	2,997,152	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	1,168,458	46,402	1,122,056	0	0	68.00	
68.01	06801	NEURO REHAB	2,167,347	226,679	1,940,668	0	0	68.01	
69.00	06900	ELECTROCARDIOLOGY	3,482,444	143,675	3,338,769	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	753,778	98,062	655,716	0	0	70.00	
70.01	03950	NUTRITION SUPPORT	1,021,499	44,054	977,445	0	0	70.01	
70.03	03952	CARDIAC CATH LAB	11,477,582	2,047,760	9,429,822	0	0	70.03	
70.04	03953	CARDIAC REHA SERVICES	301,564	70,880	230,684	0	0	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,971,102	1,560,995	34,410,107	0	0	71.00	
71.01	07101	COST OF SOLUTIONS	2,564,011	141,328	2,422,683	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,038,018	1,426,869	31,611,149	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	64,353,719	5,009,103	59,344,616	0	0	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	402,961	40,165	362,796	0	0	90.00	
90.01	09001	ANTI COAG CLINIC	2,268,045	145,250	2,122,795	0	0	90.01	
91.00	09100	EMERGENCY	18,314,266	2,166,248	16,148,018	0	0	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	198,680	23,682	174,998	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	9,843,028	1,180,022	8,663,006	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	14,394,135	3,466,724	10,927,411	0	0	95.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20	
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30	
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40	
101.00	10100	HOME HEALTH AGENCY	13,910,315	1,038,286	12,872,029	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	10,199,829	395,717	9,804,112	0	0	116.00	
200.00		Subtotal (sum of lines 50 thru 199)	371,816,798	44,774,085	327,042,713	0	0	200.00	
201.00		Less Observation Beds	9,843,028	1,180,022	8,663,006	0	0	201.00	
202.00		Total (line 200 minus line 201)	361,973,770	43,594,063	318,379,707	0	0	202.00	

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	31,355,928	273,741,185	0.114546		50.00
50.01	05001 CAREW MEDICAL PARK SURG	5,922	51,929	0.114040		50.01
51.00	05100 RECOVERY ROOM	11,744,421	59,240,716	0.198249		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,324,038	2,532,314	0.522857		52.00
53.00	05300 ANESTHESIOLOGY	148,001	428,678	0.345250		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	26,553,574	348,027,616	0.076297		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000		54.04
54.05	05405 RADIOLOGY - NHMP	407,734	898,060	0.454016		54.05
54.06	05406 RADIOLOGY - CMP	9,147	3,659	2.499863		54.06
54.07	05407 RADIOLOGY - WP	12,887	5,155	2.499903		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	228,276	32,219	7.085136		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	11,446,218	58,254,885	0.196485		55.00
56.00	05600 RADIOISOTOPE	1,175,648	3,282,510	0.358155		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,988,052	22,875,253	0.130624		58.00
60.00	06000 LABORATORY	22,178,103	148,409,498	0.149439		60.00
60.01	06001 ANATOMICAL PATHOLOGY	1,863,147	6,750,000	0.276022		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	6,391,936	11,697,605	0.546431		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000		62.30
65.00	06500 RESPIRATORY THERAPY	5,807,063	31,181,171	0.186236		65.00
65.01	06501 WOUND CARE	2,909,136	11,483,339	0.253335		65.01
65.02	06502 DIALYSIS	2,138,376	3,606,192	0.592973		65.02
65.03	03330 ENDOSCOPY	7,556,034	59,232,729	0.127565		65.03
66.00	06600 PHYSICAL THERAPY	6,598,409	11,980,191	0.550777		66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000		66.02
67.00	06700 OCCUPATIONAL THERAPY	3,143,967	9,304,999	0.337879		67.00
68.00	06800 SPEECH PATHOLOGY	1,168,458	4,040,840	0.289162		68.00
68.01	06801 NEURO REHAB	2,167,347	4,898,691	0.442434		68.01
69.00	06900 ELECTROCARDIOLOGY	3,482,444	23,914,234	0.145622		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	753,778	4,062,775	0.185533		70.00
70.01	03950 NUTRITION SUPPORT	1,021,499	250,126	4.083938		70.01
70.03	03952 CARDIAC CATH LAB	11,477,582	101,470,672	0.113112		70.03
70.04	03953 CARDIAC REHA SERVICES	301,564	922,428	0.326924		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	35,971,102	101,175,173	0.355533		71.00
71.01	07101 COST OF SOLUTIONS	2,564,011	58,605,384	0.043750		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,038,018	143,899,691	0.229591		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	64,353,719	182,581,486	0.352466		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000		76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	402,961	420,734	0.957757		90.00
90.01	09001 ANTI COAG CLINIC	2,268,045	2,918,861	0.777031		90.01
91.00	09100 EMERGENCY	18,314,266	138,110,390	0.132606		91.00
91.01	09101 PARTIAL HOSPITALIZATION	198,680	406,151	0.489178		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	9,843,028	28,400,402	0.346581		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	14,394,135	13,851,994	1.039138		95.00
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
101.00	10100 HOME HEALTH AGENCY	13,910,315	15,040,024	0.924886		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	10,199,829	10,520,594	0.969511		116.00
200.00	Subtotal (sum of lines 50 thru 199)	371,816,798	1,898,510,553			200.00
201.00	Less Observation Beds	9,843,028	0			201.00
202.00	Total (line 200 minus line 201)	361,973,770	1,898,510,553			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150021

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

Worksheet D
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,938,493	0	9,938,493	101,531	97.89	30.00
31.00	INTENSIVE CARE UNIT	1,159,604		1,159,604	6,893	168.23	31.00
31.01	PEDIATRIC ICU	309,540		309,540	839	368.94	31.01
31.02	NEONATAL ICU	640,769		640,769	8,066	79.44	31.02
32.00	CORONARY CARE UNIT	3,213,311		3,213,311	25,046	128.30	32.00
40.00	SUBPROVIDER - IPF	1,607,714	0	1,607,714	20,141	79.82	40.00
41.00	SUBPROVIDER - IRF	606,458	0	606,458	5,905	102.70	41.00
43.00	NURSERY	469,115		469,115	5,504	85.23	43.00
44.00	SKILLED NURSING FACILITY	826,248		826,248	12,975	63.68	44.00
200.00	Total (lines 30-199)	18,771,252		18,771,252	186,900		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	33,300	3,259,737				
31.00	INTENSIVE CARE UNIT	5,833	981,286				
31.01	PEDIATRIC ICU	0	0				
31.02	NEONATAL ICU	0	0				
32.00	CORONARY CARE UNIT	1,126	144,466				
40.00	SUBPROVIDER - IPF	5,879	469,262				
41.00	SUBPROVIDER - IRF	1,711	175,720				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	5,145	327,634				
200.00	Total (lines 30-199)	52,994	5,358,105				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 11:00 am	
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	6,157,822	273,741,185	0.022495	54,846,595	1,233,774	50.00
50.01	05001 CAREW MEDICAL PARK SURG	309	51,929	0.005950	0	0	50.01
51.00	05100 RECOVERY ROOM	1,518,436	59,240,716	0.025632	5,094,267	130,576	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	482,947	2,532,314	0.190714	0	0	52.00
53.00	05300 ANESTHESIOLOGY	12,289	428,678	0.028667	406,788	11,661	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,545,113	348,027,616	0.015933	39,152,563	623,818	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	53,813	898,060	0.059921	0	0	54.05
54.06	05406 RADIOLOGY - CMP	1,028	3,659	0.280951	0	0	54.06
54.07	05407 RADIOLOGY - WP	1,040	5,155	0.201746	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	87,509	32,219	2.716068	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	3,247,482	58,254,885	0.055746	585,689	32,650	55.00
56.00	05600 RADIOISOTOPE	359,528	3,282,510	0.109528	709,707	77,733	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926,511	22,875,253	0.040503	3,078,001	124,668	58.00
60.00	06000 LABORATORY	2,777,260	148,409,498	0.018713	27,470,915	514,063	60.00
60.01	06001 ANATOMICAL PATHOLOGY	172,473	6,750,000	0.025552	1,655,181	42,293	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	245,283	11,697,605	0.020969	3,039,544	63,736	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	917,878	31,181,171	0.029437	11,152,805	328,305	65.00
65.01	06501 WOUND CARE	205,874	11,483,339	0.017928	1,170,700	20,988	65.01
65.02	06502 DIALYSIS	159,189	3,606,192	0.044143	1,474,741	65,099	65.02
65.03	03330 ENDOSCOPY	1,850,068	59,232,729	0.031234	2,774,785	86,668	65.03
66.00	06600 PHYSICAL THERAPY	633,517	11,980,191	0.052880	2,123,364	112,283	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	146,815	9,304,999	0.015778	1,312,072	20,702	67.00
68.00	06800 SPEECH PATHOLOGY	46,402	4,040,840	0.011483	592,615	6,805	68.00
68.01	06801 NEURO REHAB	226,679	4,898,691	0.046273	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	143,675	23,914,234	0.006008	2,290,912	13,764	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	98,062	4,062,775	0.024137	433,625	10,466	70.00
70.01	03950 NUTRITION SUPPORT	44,054	250,126	0.176127	67,991	11,975	70.01
70.03	03952 CARDIAC CATH LAB	2,047,760	101,470,672	0.020181	14,083,828	284,226	70.03
70.04	03953 CARDIAC REHA SERVICES	70,880	922,428	0.076841	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	101,175,173	0.015429	19,482,741	300,599	71.00
71.01	07101 COST OF SOLUTIONS	141,328	58,605,384	0.002412	986,557	2,380	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,426,869	143,899,691	0.009916	17,654,003	175,057	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,009,103	182,581,486	0.027435	56,244,976	1,543,081	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	40,165	420,734	0.095464	32,424	3,095	90.00
90.01	09001 ANTI COAG CLINIC	145,250	2,918,861	0.049763	1,110	55	90.01
91.00	09100 EMERGENCY	2,166,248	138,110,390	0.015685	14,561,987	228,405	91.00
91.01	09101 PARTIAL HOSPITALIZATION	23,682	406,151	0.058308	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,180,022	28,400,402	0.041549	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	39,873,358	1,859,097,941		282,480,486	6,068,925	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description			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	198	0	0	198	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3	0	0	3	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	1	31.02
32.00	03200	CORONARY CARE UNIT	0	9	0	0	9	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	211	0	0	211	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	101,531	0.00	33,300	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,893	0.00	5,833	0		31.00
31.01	03101	PEDIATRIC ICU	839	0.00	0	0		31.01
31.02	03102	NEONATAL ICU	8,066	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	25,046	0.00	1,126	0		32.00
40.00	04000	SUBPROVIDER - IPF	20,141	0.00	5,879	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,905	0.00	1,711	0		41.00
43.00	04300	NURSERY	5,504	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	12,975	0.00	5,145	0		44.00
200.00		Total (lines 30-199)	186,900		52,994	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	90	0	90	50.00	
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	0	1	0	1	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	41	0	41	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17	0	17	54.00	
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	54.01	
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02	
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	54.03	
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04	
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	54.05	
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	54.06	
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	54.07	
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08	
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	133,217	0	133,217	60.00	
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	06501	WOUND CARE	0	0	0	0	0	65.01	
65.02	06502	DIALYSIS	0	0	0	0	0	65.02	
65.03	03330	ENDOSCOPY	0	0	4	0	4	65.03	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	66.01	
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	66.02	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
68.01	06801	NEURO REHAB	0	0	8	0	8	68.01	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
70.01	03950	NUTRITION SUPPORT	0	0	2	0	2	70.01	
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1	70.03	
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	70.04	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00	
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	71.01	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	295,406	0	295,406	73.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
90.01	09001	ANTI COAG CLINIC	0	0	6	0	6	90.01	
91.00	09100	EMERGENCY	0	0	52	0	52	91.00	
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	20	0	20	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00	
200.00		Total (Lines 50-199)	0	0	428,866	0	428,866	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	90	273,741,185	0.000000	0.000000	54,846,595	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	1	59,240,716	0.000000	0.000000	5,094,267	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	41	428,678	0.000096	0.000096	406,788	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000	39,152,563	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	898,060	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	3,659	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	5,155	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	32,219	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000	585,689	55.00
56.00	05600 RADIOISOTOPE	0	3,282,510	0.000000	0.000000	709,707	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000	3,078,001	58.00
60.00	06000 LABORATORY	133,217	148,409,498	0.000898	0.000898	27,470,915	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000	1,655,181	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000	3,039,544	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000	11,152,805	65.00
65.01	06501 WOUND CARE	0	11,483,339	0.000000	0.000000	1,170,700	65.01
65.02	06502 DIALYSIS	0	3,606,192	0.000000	0.000000	1,474,741	65.02
65.03	03330 ENDOSCOPY	4	59,232,729	0.000000	0.000000	2,774,785	65.03
66.00	06600 PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000	2,123,364	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000	1,312,072	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000	592,615	68.00
68.01	06801 NEURO REHAB	8	4,898,691	0.000002	0.000002	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000	2,290,912	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000	433,625	70.00
70.01	03950 NUTRITION SUPPORT	2	250,126	0.000008	0.000008	67,991	70.01
70.03	03952 CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000	14,083,828	70.03
70.04	03953 CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000	19,482,741	71.00
71.01	07101 COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000	986,557	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000	17,654,003	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618	56,244,976	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	420,734	0.000000	0.000000	32,424	90.00
90.01	09001 ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002	1,110	90.01
91.00	09100 EMERGENCY	52	138,110,390	0.000000	0.000000	14,561,987	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	20	28,400,402	0.000001	0.000001	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	428,866	1,859,097,941			282,480,486	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
	Title XVII	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	20,957,051	0	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	10,221,179	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	39	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	49,858,433	0	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	18,719,807	0	55.00
56.00 05600 RADIOISOTOPE	0	805,154	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,246,747	0	58.00
60.00 06000 LABORATORY	24,669	9,621,032	8,640	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	2,875,953	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	623,357	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	1,169,148	0	65.00
65.01 06501 WOUND CARE	0	1,037,735	0	65.01
65.02 06502 DIALYSIS	0	84,125	0	65.02
65.03 03330 ENDOSCOPY	0	6,564,525	0	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	359	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,078	0	68.00
68.01 06801 NEURO REHAB	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	3,668,152	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	64,773	0	70.00
70.01 03950 NUTRITION SUPPORT	1	12,735	0	70.01
70.03 03952 CARDIAC CATH LAB	0	13,053,507	0	70.03
70.04 03953 CARDIAC REHAB SERVICES	0	296,653	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	7,594,095	0	71.00
71.01 07101 COST OF SOLUTIONS	0	67,999	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,518,790	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	91,004	22,295,571	36,074	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	72,299	0	90.00
90.01 09001 ANTI COAG CLINIC	0	164,342	0	90.01
91.00 09100 EMERGENCY	0	14,921,792	0	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	2,338,749	2	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (lines 50-199)	115,713	201,855,140	44,716	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.114546	20,957,051	0	0	2,400,546	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.198249	10,221,179	0	0	2,026,339	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.345250	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	49,858,433	0	0	3,804,049	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.196485	18,719,807	0	0	3,678,161	55.00
56.00	05600	RADIOISOTOPE	0.358155	805,154	0	0	288,370	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	5,246,747	0	0	685,351	58.00
60.00	06000	LABORATORY	0.149439	9,621,032	0	0	1,437,757	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	2,875,953	0	0	793,826	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	623,357	0	0	340,622	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.186236	1,169,148	0	0	217,737	65.00
65.01	06501	WOUND CARE	0.253335	1,037,735	0	0	262,895	65.01
65.02	06502	DIALYSIS	0.592973	84,125	0	0	49,884	65.02
65.03	03330	ENDOSCOPY	0.127565	6,564,525	0	0	837,404	65.03
66.00	06600	PHYSICAL THERAPY	0.550777	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	359	0	0	121	67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	1,078	0	0	312	68.00
68.01	06801	NEURO REHAB	0.442434	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	3,668,152	0	0	534,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	64,773	0	0	12,018	70.00
70.01	03950	NUTRITION SUPPORT	4.083938	12,735	0	0	52,009	70.01
70.03	03952	CARDIAC CATH LAB	0.113112	13,053,507	0	0	1,476,508	70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	296,653	0	0	96,983	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	7,594,095	0	0	2,699,951	71.00
71.01	07101	COST OF SOLUTIONS	0.043750	67,999	0	0	2,975	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	9,518,790	0	0	2,185,429	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	22,295,571	0	0	7,858,431	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.957757	72,299	0	0	69,245	90.00
90.01	09001	ANTI COAG CLINIC	0.777031	164,342	0	0	127,699	90.01
91.00	09100	EMERGENCY	0.132606	14,921,792	0	0	1,978,719	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	2,338,749	0	0	810,566	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.039138		0	0		95.00
200.00		Subtotal (see instructions)		201,855,140	0	0	34,728,071	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		201,855,140	0	0	34,728,071	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 11:00 am
	Title XVII I	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 WOUND CARE	0	0		65.01
65.02 06502 DIALYSIS	0	0		65.02
65.03 03330 ENDOSCOPY	0	0		65.03
66.00 06600 PHYSICAL THERAPY	0	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 03950 NUTRITION SUPPORT	0	0		70.01
70.03 03952 CARDIAC CATH LAB	0	0		70.03
70.04 03953 CARDIAC REHA SERVICES	0	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
71.01 07101 COST OF SOLUTIONS	0	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09001 ANTI COAG CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 11:00 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,157,822	273,741,185	0.022495	56,274	1,266	50.00
50.01	05001	CAREW MEDICAL PARK SURG	309	51,929	0.005950	0	0	50.01
51.00	05100	RECOVERY ROOM	1,518,436	59,240,716	0.025632	48,141	1,234	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,947	2,532,314	0.190714	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,289	428,678	0.028667	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545,113	348,027,616	0.015933	233,281	3,717	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	53,813	898,060	0.059921	0	0	54.05
54.06	05406	RADIOLOGY - CMP	1,028	3,659	0.280951	0	0	54.06
54.07	05407	RADIOLOGY - WP	1,040	5,155	0.201746	0	0	54.07
54.08	05408	RADIOLOGY - PULMONOLOGY	87,509	32,219	2.716068	0	0	54.08
54.09	05409	RADIOLOGY - WHITELY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,247,482	58,254,885	0.055746	0	0	55.00
56.00	05600	RADIOISOTOPE	359,528	3,282,510	0.109528	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	926,511	22,875,253	0.040503	14,448	585	58.00
60.00	06000	LABORATORY	2,777,260	148,409,498	0.018713	563,475	10,544	60.00
60.01	06001	ANATOMICAL PATHOLOGY	172,473	6,750,000	0.025552	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	245,283	11,697,605	0.020969	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	917,878	31,181,171	0.029437	4,676	138	65.00
65.01	06501	WOUND CARE	205,874	11,483,339	0.017928	14,997	269	65.01
65.02	06502	DIALYSIS	159,189	3,606,192	0.044143	0	0	65.02
65.03	03330	ENDOSCOPY	1,850,068	59,232,729	0.031234	0	0	65.03
66.00	06600	PHYSICAL THERAPY	633,517	11,980,191	0.052880	44,634	2,360	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	146,815	9,304,999	0.015778	7,227	114	67.00
68.00	06800	SPEECH PATHOLOGY	46,402	4,040,840	0.011483	4,921	57	68.00
68.01	06801	NEURO REHAB	226,679	4,898,691	0.046273	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	143,675	23,914,234	0.006008	35,094	211	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,062	4,062,775	0.024137	2,334	56	70.00
70.01	03950	NUTRITION SUPPORT	44,054	250,126	0.176127	3,060	539	70.01
70.03	03952	CARDIAC CATH LAB	2,047,760	101,470,672	0.020181	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	70,880	922,428	0.076841	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	101,175,173	0.015429	7,038	109	71.00
71.01	07101	COST OF SOLUTIONS	141,328	58,605,384	0.002412	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,426,869	143,899,691	0.009916	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,009,103	182,581,486	0.027435	1,058,310	29,035	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,165	420,734	0.095464	350	33	90.00
90.01	09001	ANTI COAG CLINIC	145,250	2,918,861	0.049763	0	0	90.01
91.00	09100	EMERGENCY	2,166,248	138,110,390	0.015685	656,740	10,301	91.00
91.01	09101	PARTIAL HOSPITALIZATION	23,682	406,151	0.058308	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,400,402	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	38,693,336	1,859,097,941		2,755,000	60,568	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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	Title XVIII	Subprovider - IPF	PPS
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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	90	0	90	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	1	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	41	0	41	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	17	0	17	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	133,217	0	133,217	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	4	0	4	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	8	0	8	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	2	0	2	70.01
70.03	03952 CARDIAC CATH LAB	0	0	1	0	1	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	295,406	0	295,406	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	6	0	6	90.01
91.00	09100 EMERGENCY	0	0	52	0	52	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	428,846	0	428,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90	273,741,185	0.000000	0.000000	56,274	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	1	59,240,716	0.000000	0.000000	48,141	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	41	428,678	0.000096	0.000096	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000	233,281	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	898,060	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	3,659	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	5,155	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	32,219	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	3,282,510	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000	14,448	58.00
60.00	06000	LABORATORY	133,217	148,409,498	0.000898	0.000898	563,475	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000	4,676	65.00
65.01	06501	WOUND CARE	0	11,483,339	0.000000	0.000000	14,997	65.01
65.02	06502	DIALYSIS	0	3,606,192	0.000000	0.000000	0	65.02
65.03	03330	ENDOSCOPY	4	59,232,729	0.000000	0.000000	0	65.03
66.00	06600	PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000	44,634	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000	7,227	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000	4,921	68.00
68.01	06801	NEURO REHAB	8	4,898,691	0.000002	0.000002	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000	35,094	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000	2,334	70.00
70.01	03950	NUTRITION SUPPORT	2	250,126	0.000008	0.000008	3,060	70.01
70.03	03952	CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000	7,038	71.00
71.01	07101	COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618	1,058,310	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	420,734	0.000000	0.000000	350	90.00
90.01	09001	ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002	0	90.01
91.00	09100	EMERGENCY	52	138,110,390	0.000000	0.000000	656,740	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	428,846	1,859,097,941			2,755,000	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
Title XVII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	506	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,712	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	2,218	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 11:00 am		
		Title XVIII		Subprovider - IRF		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	6,157,822	273,741,185	0.022495	1,226	28	50.00
50.01	05001	CAREW MEDICAL PARK SURG	309	51,929	0.005950	0	0	50.01
51.00	05100	RECOVERY ROOM	1,518,436	59,240,716	0.025632	1,270	33	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,947	2,532,314	0.190714	0	0	52.00
53.00	05300	ANESTHESIOLOGY	12,289	428,678	0.028667	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545,113	348,027,616	0.015933	124,467	1,983	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	53,813	898,060	0.059921	0	0	54.05
54.06	05406	RADIOLOGY - CMP	1,028	3,659	0.280951	0	0	54.06
54.07	05407	RADIOLOGY - WP	1,040	5,155	0.201746	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	87,509	32,219	2.716068	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,247,482	58,254,885	0.055746	0	0	55.00
56.00	05600	RADIOISOTOPE	359,528	3,282,510	0.109528	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	926,511	22,875,253	0.040503	16,053	650	58.00
60.00	06000	LABORATORY	2,777,260	148,409,498	0.018713	197,039	3,687	60.00
60.01	06001	ANATOMICAL PATHOLOGY	172,473	6,750,000	0.025552	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	245,283	11,697,605	0.020969	719	15	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	917,878	31,181,171	0.029437	23,208	683	65.00
65.01	06501	WOUND CARE	205,874	11,483,339	0.017928	22,866	410	65.01
65.02	06502	DIALYSIS	159,189	3,606,192	0.044143	21,985	970	65.02
65.03	03330	ENDOSCOPY	1,850,068	59,232,729	0.031234	0	0	65.03
66.00	06600	PHYSICAL THERAPY	633,517	11,980,191	0.052880	688,549	36,410	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	146,815	9,304,999	0.015778	652,316	10,292	67.00
68.00	06800	SPEECH PATHOLOGY	46,402	4,040,840	0.011483	328,966	3,778	68.00
68.01	06801	NEURO REHAB	226,679	4,898,691	0.046273	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	143,675	23,914,234	0.006008	6,150	37	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,062	4,062,775	0.024137	755	18	70.00
70.01	03950	NUTRITION SUPPORT	44,054	250,126	0.176127	2,576	454	70.01
70.03	03952	CARDIAC CATH LAB	2,047,760	101,470,672	0.020181	0	0	70.03
70.04	03953	CARDIAC REHA SERVICES	70,880	922,428	0.076841	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	101,175,173	0.015429	74,696	1,152	71.00
71.01	07101	COST OF SOLUTIONS	141,328	58,605,384	0.002412	3,825	9	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,426,869	143,899,691	0.009916	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,009,103	182,581,486	0.027435	326,146	8,948	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	40,165	420,734	0.095464	2,380	227	90.00
90.01	09001	ANTI COAG CLINIC	145,250	2,918,861	0.049763	0	0	90.01
91.00	09100	EMERGENCY	2,166,248	138,110,390	0.015685	16,318	256	91.00
91.01	09101	PARTIAL HOSPITALIZATION	23,682	406,151	0.058308	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	38,693,336	1,859,097,941		2,511,510	70,040	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am	
				Title XVIII		Subprovider - IRF	
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	90	0	90 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0 50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	1 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	41	0	41 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17	0	17 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0 54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0 54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00	06000	LABORATORY	0	0	133,217	0	133,217 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	1 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01	06501	WOUND CARE	0	0	0	0	0 65.01
65.02	06502	DIALYSIS	0	0	0	0	0 65.02
65.03	03330	ENDOSCOPY	0	0	4	0	4 65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
68.01	06801	NEURO REHAB	0	0	8	0	8 68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	03950	NUTRITION SUPPORT	0	0	2	0	2 70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	1 70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	295,406	0	295,406 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	ANTI COAG CLINIC	0	0	6	0	6 90.01
91.00	09100	EMERGENCY	0	0	52	0	52 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
200.00		Total (Lines 50-199)	0	0	428,846	0	428,846 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90	273,741,185	0.000000	0.000000	1,226	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	1	59,240,716	0.000000	0.000000	1,270	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	41	428,678	0.000096	0.000096	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000	124,467	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	898,060	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	3,659	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	5,155	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	32,219	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	3,282,510	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000	16,053	58.00
60.00	06000	LABORATORY	133,217	148,409,498	0.000898	0.000898	197,039	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000	719	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000	23,208	65.00
65.01	06501	WOUND CARE	0	11,483,339	0.000000	0.000000	22,866	65.01
65.02	06502	DIALYSIS	0	3,606,192	0.000000	0.000000	21,985	65.02
65.03	03330	ENDOSCOPY	4	59,232,729	0.000000	0.000000	0	65.03
66.00	06600	PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000	688,549	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000	652,316	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000	328,966	68.00
68.01	06801	NEURO REHAB	8	4,898,691	0.000002	0.000002	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000	6,150	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000	755	70.00
70.01	03950	NUTRITION SUPPORT	2	250,126	0.000008	0.000008	2,576	70.01
70.03	03952	CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000	74,696	71.00
71.01	07101	COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000	3,825	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618	326,146	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	420,734	0.000000	0.000000	2,380	90.00
90.01	09001	ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002	0	90.01
91.00	09100	EMERGENCY	52	138,110,390	0.000000	0.000000	16,318	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	428,846	1,859,097,941			2,511,510	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	177	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	528	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	705	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 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	90	0	90	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	1	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	41	0	41	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	17	0	17	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	133,217	0	133,217	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	4	0	4	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	8	0	8	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	2	0	2	70.01
70.03	03952 CARDIAC CATH LAB	0	0	1	0	1	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	295,406	0	295,406	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	6	0	6	90.01
91.00	09100 EMERGENCY	0	0	52	0	52	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	428,846	0	428,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 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	90	273,741,185	0.000000	0.000000	9,094	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	1	59,240,716	0.000000	0.000000	14,508	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	41	428,678	0.000096	0.000096	4,904	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000	221,021	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	898,060	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	3,659	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	5,155	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULMONIC CLINIC	0	32,219	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000	83,797	55.00
56.00	05600 RADIOISOTOPE	0	3,282,510	0.000000	0.000000	8,391	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000	16,646	58.00
60.00	06000 LABORATORY	133,217	148,409,498	0.000898	0.000898	579,248	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000	2,123	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000	19,800	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000	173,372	65.00
65.01	06501 WOUND CARE	0	11,483,339	0.000000	0.000000	234,210	65.01
65.02	06502 DIALYSIS	0	3,606,192	0.000000	0.000000	0	65.02
65.03	03330 ENDOSCOPY	4	59,232,729	0.000000	0.000000	0	65.03
66.00	06600 PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000	1,210,610	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000	1,047,219	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000	149,305	68.00
68.01	06801 NEURO REHAB	8	4,898,691	0.000002	0.000002	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000	13,776	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000	755	70.00
70.01	03950 NUTRITION SUPPORT	2	250,126	0.000008	0.000008	138	70.01
70.03	03952 CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000	161,650	71.00
71.01	07101 COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000	11,834	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618	1,610,236	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	420,734	0.000000	0.000000	2,457	90.00
90.01	09001 ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002	0	90.01
91.00	09100 EMERGENCY	52	138,110,390	0.000000	0.000000	101,431	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	428,846	1,859,097,941			5,676,525	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am PPS
		Title XVIII	Skilled Nursing Facility

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
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	520	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,605	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	3,125	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150021

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

Worksheet D
Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Title XIX			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	9,938,493	0	9,938,493	101,531	97.89	30.00
31.00	INTENSIVE CARE UNIT	1,159,604		1,159,604	6,893	168.23	31.00
31.01	PEDIATRIC ICU	309,540		309,540	839	368.94	31.01
31.02	NEONATAL ICU	640,769		640,769	8,066	79.44	31.02
32.00	CORONARY CARE UNIT	3,213,311		3,213,311	25,046	128.30	32.00
40.00	SUBPROVIDER - IPF	1,607,714	0	1,607,714	20,141	79.82	40.00
41.00	SUBPROVIDER - IRF	606,458	0	606,458	5,905	102.70	41.00
43.00	NURSERY	469,115		469,115	5,504	85.23	43.00
44.00	SKILLED NURSING FACILITY	826,248		826,248	12,975	63.68	44.00
200.00	Total (lines 30-199)	18,771,252		18,771,252	186,900		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	10,367	1,014,826				
31.00	INTENSIVE CARE UNIT	4	673				
31.01	PEDIATRIC ICU	0	0				
31.02	NEONATAL ICU	0	0				
32.00	CORONARY CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	339	34,815				
43.00	NURSERY	2,154	183,585				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	12,864	1,233,899				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 11:00 am	
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	6,157,822	273,741,185	0.022495	19,237,867	432,756	50.00
50.01	05001 CAREW MEDICAL PARK SURG	309	51,929	0.005950	0	0	50.01
51.00	05100 RECOVERY ROOM	1,518,436	59,240,716	0.025632	1,692,740	43,388	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	482,947	2,532,314	0.190714	0	0	52.00
53.00	05300 ANESTHESIOLOGY	12,289	428,678	0.028667	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,545,113	348,027,616	0.015933	12,190,958	194,239	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	53,813	898,060	0.059921	0	0	54.05
54.06	05406 RADIOLOGY - CMP	1,028	3,659	0.280951	0	0	54.06
54.07	05407 RADIOLOGY - WP	1,040	5,155	0.201746	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	87,509	32,219	2.716068	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	3,247,482	58,254,885	0.055746	387,586	21,606	55.00
56.00	05600 RADIOISOTOPE	359,528	3,282,510	0.109528	210,251	23,028	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926,511	22,875,253	0.040503	1,314,072	53,224	58.00
60.00	06000 LABORATORY	2,777,260	148,409,498	0.018713	11,706,076	219,056	60.00
60.01	06001 ANATOMICAL PATHOLOGY	172,473	6,750,000	0.025552	763,054	19,498	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	245,283	11,697,605	0.020969	883,012	18,516	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	917,878	31,181,171	0.029437	6,055,348	178,251	65.00
65.01	06501 WOUND CARE	205,874	11,483,339	0.017928	450,554	8,078	65.01
65.02	06502 DIALYSIS	159,189	3,606,192	0.044143	281,591	12,430	65.02
65.03	03330 ENDOSCOPY	1,850,068	59,232,729	0.031234	801,572	25,036	65.03
66.00	06600 PHYSICAL THERAPY	633,517	11,980,191	0.052880	793,235	41,946	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	146,815	9,304,999	0.015778	621,829	9,811	67.00
68.00	06800 SPEECH PATHOLOGY	46,402	4,040,840	0.011483	354,450	4,070	68.00
68.01	06801 NEURO REHAB	226,679	4,898,691	0.046273	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	143,675	23,914,234	0.006008	500,033	3,004	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	98,062	4,062,775	0.024137	217,488	5,250	70.00
70.01	03950 NUTRITION SUPPORT	44,054	250,126	0.176127	27,462	4,837	70.01
70.03	03952 CARDIAC CATH LAB	2,047,760	101,470,672	0.020181	1,796,575	36,257	70.03
70.04	03953 CARDIAC REHA SERVICES	70,880	922,428	0.076841	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	101,175,173	0.015429	6,038,331	93,165	71.00
71.01	07101 COST OF SOLUTIONS	141,328	58,605,384	0.002412	364,966	880	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1,426,869	143,899,691	0.009916	2,010,564	19,937	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,009,103	182,581,486	0.027435	23,800,450	652,965	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	40,165	420,734	0.095464	17,626	1,683	90.00
90.01	09001 ANTI COAG CLINIC	145,250	2,918,861	0.049763	0	0	90.01
91.00	09100 EMERGENCY	2,166,248	138,110,390	0.015685	6,292,073	98,691	91.00
91.01	09101 PARTIAL HOSPITALIZATION	23,682	406,151	0.058308	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,180,022	28,400,402	0.041549	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	39,873,358	1,859,097,941		98,809,763	2,221,602	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	198	0	0	198	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3	0	0	3	31.00
31.01	03101	PEDIATRIC ICU	0	0	0	0	0	31.01
31.02	03102	NEONATAL ICU	0	1	0	0	1	31.02
32.00	03200	CORONARY CARE UNIT	0	9	0	0	9	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	211	0	0	211	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	101,531	0.00	10,367	0		30.00
31.00	03100	INTENSIVE CARE UNIT	6,893	0.00	4	0		31.00
31.01	03101	PEDIATRIC ICU	839	0.00	0	0		31.01
31.02	03102	NEONATAL ICU	8,066	0.00	0	0		31.02
32.00	03200	CORONARY CARE UNIT	25,046	0.00	0	0		32.00
40.00	04000	SUBPROVIDER - IPF	20,141	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,905	0.00	339	0		41.00
43.00	04300	NURSERY	5,504	0.00	2,154	0		43.00
44.00	04400	SKILLED NURSING FACILITY	12,975	0.00	0	0		44.00
200.00		Total (lines 30-199)	186,900		12,864	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	90	0	0	90	50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	1	0	0	1	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	41	0	0	41	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	17	0	0	17	54.00
54.01 05401 RADIOLOGY - WABASH	0	0	0	0	0	0	54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	0	54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0	0	0	0	0	54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	0	54.04
54.05 05405 RADIOLOGY - NHMP	0	0	0	0	0	0	54.05
54.06 05406 RADIOLOGY - CMP	0	0	0	0	0	0	54.06
54.07 05407 RADIOLOGY - WP	0	0	0	0	0	0	54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	0	54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	0	54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	133,217	0	0	133,217	60.00
60.01 06001 ANATOMICAL PATHOLOGY	0	0	1	0	0	1	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 WOUND CARE	0	0	0	0	0	0	65.01
65.02 06502 DIALYSIS	0	0	0	0	0	0	65.02
65.03 03330 ENDOSCOPY	0	0	4	0	0	4	65.03
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01 06601 TRANSITIONAL THERAPY	0	0	0	0	0	0	66.01
66.02 03650 PV REHAB OUTREACH	0	0	0	0	0	0	66.02
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01 06801 NEURO REHAB	0	0	8	0	0	8	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01 03950 NUTRITION SUPPORT	0	0	2	0	0	2	70.01
70.03 03952 CARDIAC CATH LAB	0	0	1	0	0	1	70.03
70.04 03953 CARDIAC REHA SERVICES	0	0	0	0	0	0	70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
71.01 07101 COST OF SOLUTIONS	0	0	0	0	0	0	71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	295,406	0	0	295,406	73.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 ANTI COAG CLINIC	0	0	6	0	0	6	90.01
91.00 09100 EMERGENCY	0	0	52	0	0	52	91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	0	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	428,846	0	0	428,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	90	273,741,185	0.000000	0.000000	19,237,867	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	1	59,240,716	0.000000	0.000000	1,692,740	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	41	428,678	0.000096	0.000096	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000	12,190,958	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	898,060	0.000000	0.000000	0	54.05
54.06	05406 RADIOLOGY - CMP	0	3,659	0.000000	0.000000	0	54.06
54.07	05407 RADIOLOGY - WP	0	5,155	0.000000	0.000000	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	32,219	0.000000	0.000000	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000	387,586	55.00
56.00	05600 RADIOISOTOPE	0	3,282,510	0.000000	0.000000	210,251	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000	1,314,072	58.00
60.00	06000 LABORATORY	133,217	148,409,498	0.000898	0.000898	11,706,076	60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000	763,054	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000	883,012	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000	6,055,348	65.00
65.01	06501 WOUND CARE	0	11,483,339	0.000000	0.000000	450,554	65.01
65.02	06502 DIALYSIS	0	3,606,192	0.000000	0.000000	281,591	65.02
65.03	03330 ENDOSCOPY	4	59,232,729	0.000000	0.000000	801,572	65.03
66.00	06600 PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000	793,235	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000	621,829	67.00
68.00	06800 SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000	354,450	68.00
68.01	06801 NEURO REHAB	8	4,898,691	0.000002	0.000002	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000	500,033	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000	217,488	70.00
70.01	03950 NUTRITION SUPPORT	2	250,126	0.000008	0.000008	27,462	70.01
70.03	03952 CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000	1,796,575	70.03
70.04	03953 CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000	6,038,331	71.00
71.01	07101 COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000	364,966	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000	2,010,564	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618	23,800,450	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	420,734	0.000000	0.000000	17,626	90.00
90.01	09001 ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002	0	90.01
91.00	09100 EMERGENCY	52	138,110,390	0.000000	0.000000	6,292,073	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	428,846	1,859,097,941			98,809,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	0	0		50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0		50.01
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0		54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0		54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0		54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0		54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0		54.05
54.06	05406 RADIOLOGY - CMP	0	0	0		54.06
54.07	05407 RADIOLOGY - WP	0	0	0		54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0		54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0		54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
60.00	06000 LABORATORY	10,512	0	0		60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0		62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 WOUND CARE	0	0	0		65.01
65.02	06502 DIALYSIS	0	0	0		65.02
65.03	03330 ENDOSCOPY	0	0	0		65.03
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0		66.01
66.02	03650 PV REHAB OUTREACH	0	0	0		66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
68.01	06801 NEURO REHAB	0	0	0		68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
70.01	03950 NUTRITION SUPPORT	0	0	0		70.01
70.03	03952 CARDIAC CATH LAB	0	0	0		70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0		70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
71.01	07101 COST OF SOLUTIONS	0	0	0		71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38,509	0	0		73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
76.99	07699 LI THOTRI PSY	0	0	0		76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 ANTI COAG CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	0	0		91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	49,021	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 11:00 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.114546	0	15,903,202	0	0
50.01 05001 CAREW MEDICAL PARK SURG	0.114040	0	0	0	0
51.00 05100 RECOVERY ROOM	0.198249	0	4,474,735	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.522857	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.345250	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.076297	0	28,093,208	0	0
54.01 05401 RADIOLOGY - WABASH	0.000000	0	0	0	0
54.02 05402 RADIOLOGY - MANCHESTER	0.000000	0	0	0	0
54.03 05403 RADIOLOGY - EAST STATE	0.000000	0	0	0	0
54.04 05404 RADIOLOGY - JEFFERSON	0.000000	0	0	0	0
54.05 05405 RADIOLOGY - NHMP	0.454016	0	0	0	0
54.06 05406 RADIOLOGY - CMP	2.499863	0	0	0	0
54.07 05407 RADIOLOGY - WP	2.499903	0	0	0	0
54.08 05408 RADIOLOGY - PULM CLINIC	7.085136	0	0	0	0
54.09 05409 RADIOLOGY - WHITLEY POOL	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.196485	0	3,826,869	0	0
56.00 05600 RADIOISOTOPE	0.358155	0	330,395	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130624	0	4,053,125	0	0
60.00 06000 LABORATORY	0.149439	0	12,631,500	0	0
60.01 06001 ANATOMICAL PATHOLOGY	0.276022	0	1,125,989	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	0	174,758	0	0
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.186236	0	1,649,089	0	0
65.01 06501 WOUND CARE	0.253335	0	913,352	0	0
65.02 06502 DIALYSIS	0.592973	0	29,578	0	0
65.03 03330 ENDOSCOPY	0.127565	0	1,822,317	0	0
66.00 06600 PHYSICAL THERAPY	0.550777	0	640,803	0	0
66.01 06601 TRANSITIONAL THERAPY	0.000000	0	0	0	0
66.02 03650 PV REHAB OUTREACH	0.000000	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.337879	0	631,125	0	0
68.00 06800 SPEECH PATHOLOGY	0.289162	0	785,412	0	0
68.01 06801 NEURO REHAB	0.442434	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.145622	0	1,384,255	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.185533	0	650,776	0	0
70.01 03950 NUTRITION SUPPORT	4.083938	0	8,418	0	0
70.03 03952 CARDIAC CATH LAB	0.113112	0	2,171,067	0	0
70.04 03953 CARDIAC REHA SERVICES	0.326924	0	20,574	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	0	3,533,926	0	0
71.01 07101 COST OF SOLUTIONS	0.043750	0	52,780	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.229591	0	2,673,341	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.352466	0	11,208,584	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.000000	0	0	0	0
76.99 07699 LI THOTRI PSY	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.957757	0	41,583	0	0
90.01 09001 ANTI COAG CLINIC	0.777031	0	31,910	0	0
91.00 09100 EMERGENCY	0.132606	0	26,675,482	0	0
91.01 09101 PARTIAL HOSPITALIZATION	0.489178	0	0	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346581	0	5,384,946	0	0
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	1.039138	0	1,519,413	0	95.00
200.00	Subtotal (see instructions)	0	132,442,512	0	200.00
201.00	Less BPB Clinic Lab. Services-Program Only Charges		0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	132,442,512	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 11:00 am
	Title XIX	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	1,821,648	0		50.00
50.01 05001 CAREW MEDICAL PARK SURG	0	0		50.01
51.00 05100 RECOVERY ROOM	887,112	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	2,143,427	0		54.00
54.01 05401 RADIOLOGY - WABASH	0	0		54.01
54.02 05402 RADIOLOGY - MANCHESTER	0	0		54.02
54.03 05403 RADIOLOGY - EAST STATE	0	0		54.03
54.04 05404 RADIOLOGY - JEFFERSON	0	0		54.04
54.05 05405 RADIOLOGY - NHMP	0	0		54.05
54.06 05406 RADIOLOGY - CMP	0	0		54.06
54.07 05407 RADIOLOGY - WP	0	0		54.07
54.08 05408 RADIOLOGY - PULM CLINIC	0	0		54.08
54.09 05409 RADIOLOGY - WHITLEY POOL	0	0		54.09
55.00 05500 RADIOLOGY-THERAPEUTIC	751,922	0		55.00
56.00 05600 RADIOISOTOPE	118,333	0		56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	529,435	0		58.00
60.00 06000 LABORATORY	1,887,639	0		60.00
60.01 06001 ANATOMICAL PATHOLOGY	310,798	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	95,493	0		62.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
65.00 06500 RESPIRATORY THERAPY	307,120	0		65.00
65.01 06501 WOUND CARE	231,384	0		65.01
65.02 06502 DIALYSIS	17,539	0		65.02
65.03 03330 ENDOSCOPY	232,464	0		65.03
66.00 06600 PHYSICAL THERAPY	352,940	0		66.00
66.01 06601 TRANSITIONAL THERAPY	0	0		66.01
66.02 03650 PV REHAB OUTREACH	0	0		66.02
67.00 06700 OCCUPATIONAL THERAPY	213,244	0		67.00
68.00 06800 SPEECH PATHOLOGY	227,111	0		68.00
68.01 06801 NEURO REHAB	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	201,578	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	120,740	0		70.00
70.01 03950 NUTRITION SUPPORT	34,379	0		70.01
70.03 03952 CARDIAC CATH LAB	245,574	0		70.03
70.04 03953 CARDIAC REHA SERVICES	6,726	0		70.04
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,256,427	0		71.00
71.01 07101 COST OF SOLUTIONS	2,309	0		71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	613,775	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,950,645	0		73.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	39,826	0		90.00
90.01 09001 ANTI COAG CLINIC	24,795	0		90.01
91.00 09100 EMERGENCY	3,537,329	0		91.00
91.01 09101 PARTIAL HOSPITALIZATION	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,866,320	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	1,578,880	0		95.00
200.00	Subtotal (see instructions)	23,606,912	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	23,606,912	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,157,822	273,741,185	0.022495	0	0
50.01	05001	CAREW MEDICAL PARK SURG	309	51,929	0.005950	0	0
51.00	05100	RECOVERY ROOM	1,518,436	59,240,716	0.025632	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,947	2,532,314	0.190714	0	0
53.00	05300	ANESTHESIOLOGY	12,289	428,678	0.028667	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545,113	348,027,616	0.015933	19,435	310
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0
54.05	05405	RADIOLOGY - NHMP	53,813	898,060	0.059921	0	0
54.06	05406	RADIOLOGY - CMP	1,028	3,659	0.280951	0	0
54.07	05407	RADIOLOGY - WP	1,040	5,155	0.201746	0	0
54.08	05408	RADIOLOGY - PULMONIC	87,509	32,219	2.716068	0	0
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	3,247,482	58,254,885	0.055746	0	0
56.00	05600	RADIOISOTOPE	359,528	3,282,510	0.109528	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	926,511	22,875,253	0.040503	0	0
60.00	06000	LABORATORY	2,777,260	148,409,498	0.018713	19,297	361
60.01	06001	ANATOMICAL PATHOLOGY	172,473	6,750,000	0.025552	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	245,283	11,697,605	0.020969	0	0
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	917,878	31,181,171	0.029437	80	2
65.01	06501	WOUND CARE	205,874	11,483,339	0.017928	0	0
65.02	06502	DIALYSIS	159,189	3,606,192	0.044143	0	0
65.03	03330	ENDOSCOPY	1,850,068	59,232,729	0.031234	0	0
66.00	06600	PHYSICAL THERAPY	633,517	11,980,191	0.052880	0	0
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0
67.00	06700	OCCUPATIONAL THERAPY	146,815	9,304,999	0.015778	0	0
68.00	06800	SPEECH PATHOLOGY	46,402	4,040,840	0.011483	0	0
68.01	06801	NEURO REHAB	226,679	4,898,691	0.046273	0	0
69.00	06900	ELECTROCARDIOLOGY	143,675	23,914,234	0.006008	1,476	9
70.00	07000	ELECTROENCEPHALOGRAPHY	98,062	4,062,775	0.024137	0	0
70.01	03950	NUTRITION SUPPORT	44,054	250,126	0.176127	391	69
70.03	03952	CARDIAC CATH LAB	2,047,760	101,470,672	0.020181	0	0
70.04	03953	CARDIAC REHA SERVICES	70,880	922,428	0.076841	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	101,175,173	0.015429	62	1
71.01	07101	COST OF SOLUTIONS	141,328	58,605,384	0.002412	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,426,869	143,899,691	0.009916	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	5,009,103	182,581,486	0.027435	13,462	369
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	40,165	420,734	0.095464	0	0
90.01	09001	ANTI COAG CLINIC	145,250	2,918,861	0.049763	0	0
91.00	09100	EMERGENCY	2,166,248	138,110,390	0.015685	38,131	598
91.01	09101	PARTIAL HOSPITALIZATION	23,682	406,151	0.058308	0	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,400,402	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					
200.00		Total (lines 50-199)	38,693,336	1,859,097,941		92,334	1,719

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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	Title XIX	Subprovider - IPF	PPS
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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	90	0	90	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	1	0	1	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	41	0	41	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	17	0	17	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	133,217	0	133,217	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	1	0	1	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	4	0	4	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	8	0	8	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	2	0	2	70.01
70.03	03952 CARDIAC CATH LAB	0	0	1	0	1	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	295,406	0	295,406	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	6	0	6	90.01
91.00	09100 EMERGENCY	0	0	52	0	52	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (Lines 50-199)	0	0	428,846	0	428,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90	273,741,185	0.000000	0.000000	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	1	59,240,716	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	41	428,678	0.000096	0.000096	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000	19,435	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	898,060	0.000000	0.000000	0	54.05
54.06	05406	RADIOLOGY - CMP	0	3,659	0.000000	0.000000	0	54.06
54.07	05407	RADIOLOGY - WP	0	5,155	0.000000	0.000000	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	32,219	0.000000	0.000000	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	3,282,510	0.000000	0.000000	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	133,217	148,409,498	0.000898	0.000898	19,297	60.00
60.01	06001	ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000	80	65.00
65.01	06501	WOUND CARE	0	11,483,339	0.000000	0.000000	0	65.01
65.02	06502	DIALYSIS	0	3,606,192	0.000000	0.000000	0	65.02
65.03	03330	ENDOSCOPY	4	59,232,729	0.000000	0.000000	0	65.03
66.00	06600	PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000	0	68.00
68.01	06801	NEURO REHAB	8	4,898,691	0.000002	0.000002	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000	1,476	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000	0	70.00
70.01	03950	NUTRITION SUPPORT	2	250,126	0.000008	0.000008	391	70.01
70.03	03952	CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000	62	71.00
71.01	07101	COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618	13,462	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	420,734	0.000000	0.000000	0	90.00
90.01	09001	ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002	0	90.01
91.00	09100	EMERGENCY	52	138,110,390	0.000000	0.000000	38,131	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	428,846	1,859,097,941			92,334	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	17	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	22	0	0	73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	39	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 11:00 am	
				Title XIX		Subprovider - IRF	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	6,157,822	273,741,185	0.022495	0	0 50.00
50.01	05001	CAREW MEDICAL PARK SURG	309	51,929	0.005950	0	0 50.01
51.00	05100	RECOVERY ROOM	1,518,436	59,240,716	0.025632	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	482,947	2,532,314	0.190714	0	0 52.00
53.00	05300	ANESTHESIOLOGY	12,289	428,678	0.028667	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,545,113	348,027,616	0.015933	0	0 54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	53,813	898,060	0.059921	0	0 54.05
54.06	05406	RADIOLOGY - CMP	1,028	3,659	0.280951	0	0 54.06
54.07	05407	RADIOLOGY - WP	1,040	5,155	0.201746	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	87,509	32,219	2.716068	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	3,247,482	58,254,885	0.055746	0	0 55.00
56.00	05600	RADIOISOTOPE	359,528	3,282,510	0.109528	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	926,511	22,875,253	0.040503	0	0 58.00
60.00	06000	LABORATORY	2,777,260	148,409,498	0.018713	0	0 60.00
60.01	06001	ANATOMICAL PATHOLOGY	172,473	6,750,000	0.025552	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	245,283	11,697,605	0.020969	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	917,878	31,181,171	0.029437	0	0 65.00
65.01	06501	WOUND CARE	205,874	11,483,339	0.017928	0	0 65.01
65.02	06502	DIALYSIS	159,189	3,606,192	0.044143	0	0 65.02
65.03	03330	ENDOSCOPY	1,850,068	59,232,729	0.031234	0	0 65.03
66.00	06600	PHYSICAL THERAPY	633,517	11,980,191	0.052880	0	0 66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0	0	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	146,815	9,304,999	0.015778	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	46,402	4,040,840	0.011483	0	0 68.00
68.01	06801	NEURO REHAB	226,679	4,898,691	0.046273	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	143,675	23,914,234	0.006008	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	98,062	4,062,775	0.024137	0	0 70.00
70.01	03950	NUTRITION SUPPORT	44,054	250,126	0.176127	0	0 70.01
70.03	03952	CARDIAC CATH LAB	2,047,760	101,470,672	0.020181	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	70,880	922,428	0.076841	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,560,995	101,175,173	0.015429	0	0 71.00
71.01	07101	COST OF SOLUTIONS	141,328	58,605,384	0.002412	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,426,869	143,899,691	0.009916	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,009,103	182,581,486	0.027435	0	0 73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0	0 76.98
76.99	07699	LITHOTRIpsy	0	0	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	40,165	420,734	0.095464	0	0 90.00
90.01	09001	ANTI COAG CLINIC	145,250	2,918,861	0.049763	0	0 90.01
91.00	09100	EMERGENCY	2,166,248	138,110,390	0.015685	0	0 91.00
91.01	09101	PARTIAL HOSPITALIZATION	23,682	406,151	0.058308	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	38,693,336	1,859,097,941		0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am			
				Title XIX		Subprovider - IRF			
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	90	0	0	90	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	1	0	0	1	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	41	0	0	41	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17	0	0	17	54.00
54.01	05401	RADIOLOGY - WABASH	0	0	0	0	0	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0	0	0	0	0	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0	0	0	0	0	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0	0	0	0	0	0	54.04
54.05	05405	RADIOLOGY - NHMP	0	0	0	0	0	0	54.05
54.06	05406	RADIOLOGY - CMP	0	0	0	0	0	0	54.06
54.07	05407	RADIOLOGY - WP	0	0	0	0	0	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	0	0	0	0	0	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0	0	0	0	0	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	133,217	0	0	133,217	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0	0	1	0	0	1	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	0	62.30
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	06501	WOUND CARE	0	0	0	0	0	0	65.01
65.02	06502	DIALYSIS	0	0	0	0	0	0	65.02
65.03	03330	ENDOSCOPY	0	0	4	0	0	4	65.03
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0	0	0	0	0	0	66.01
66.02	03650	PV REHAB OUTREACH	0	0	0	0	0	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
68.01	06801	NEURO REHAB	0	0	8	0	0	8	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	03950	NUTRITION SUPPORT	0	0	2	0	0	2	70.01
70.03	03952	CARDIAC CATH LAB	0	0	1	0	0	1	70.03
70.04	03953	CARDIAC REHA SERVICES	0	0	0	0	0	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
71.01	07101	COST OF SOLUTIONS	0	0	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	295,406	0	0	295,406	73.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	ANTI COAG CLINIC	0	0	6	0	0	6	90.01
91.00	09100	EMERGENCY	0	0	52	0	0	52	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0	0	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	428,846	0	0	428,846	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
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Title XIX		Subprovider - IRF	PPS
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	90	273,741,185	0.000000	0.000000		0 50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	51,929	0.000000	0.000000		0 50.01
51.00	05100 RECOVERY ROOM	1	59,240,716	0.000000	0.000000		0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,532,314	0.000000	0.000000		0 52.00
53.00	05300 ANESTHESIOLOGY	41	428,678	0.000096	0.000096		0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	17	348,027,616	0.000000	0.000000		0 54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0.000000	0.000000		0 54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0.000000	0.000000		0 54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0.000000	0.000000		0 54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0.000000	0.000000		0 54.04
54.05	05405 RADIOLOGY - NHMP	0	898,060	0.000000	0.000000		0 54.05
54.06	05406 RADIOLOGY - CMP	0	3,659	0.000000	0.000000		0 54.06
54.07	05407 RADIOLOGY - WP	0	5,155	0.000000	0.000000		0 54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	32,219	0.000000	0.000000		0 54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0.000000	0.000000		0 54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	58,254,885	0.000000	0.000000		0 55.00
56.00	05600 RADIOISOTOPE	0	3,282,510	0.000000	0.000000		0 56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	22,875,253	0.000000	0.000000		0 58.00
60.00	06000 LABORATORY	133,217	148,409,498	0.000898	0.000898		0 60.00
60.01	06001 ANATOMICAL PATHOLOGY	1	6,750,000	0.000000	0.000000		0 60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,697,605	0.000000	0.000000		0 62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000		0 62.30
65.00	06500 RESPIRATORY THERAPY	0	31,181,171	0.000000	0.000000		0 65.00
65.01	06501 WOUND CARE	0	11,483,339	0.000000	0.000000		0 65.01
65.02	06502 DIALYSIS	0	3,606,192	0.000000	0.000000		0 65.02
65.03	03330 ENDOSCOPY	4	59,232,729	0.000000	0.000000		0 65.03
66.00	06600 PHYSICAL THERAPY	0	11,980,191	0.000000	0.000000		0 66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0.000000	0.000000		0 66.01
66.02	03650 PV REHAB OUTREACH	0	0	0.000000	0.000000		0 66.02
67.00	06700 OCCUPATIONAL THERAPY	0	9,304,999	0.000000	0.000000		0 67.00
68.00	06800 SPEECH PATHOLOGY	0	4,040,840	0.000000	0.000000		0 68.00
68.01	06801 NEURO REHAB	8	4,898,691	0.000002	0.000002		0 68.01
69.00	06900 ELECTROCARDIOLOGY	0	23,914,234	0.000000	0.000000		0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,062,775	0.000000	0.000000		0 70.00
70.01	03950 NUTRITION SUPPORT	2	250,126	0.000008	0.000008		0 70.01
70.03	03952 CARDIAC CATH LAB	1	101,470,672	0.000000	0.000000		0 70.03
70.04	03953 CARDIAC REHA SERVICES	0	922,428	0.000000	0.000000		0 70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	101,175,173	0.000000	0.000000		0 71.00
71.01	07101 COST OF SOLUTIONS	0	58,605,384	0.000000	0.000000		0 71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	143,899,691	0.000000	0.000000		0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	295,406	182,581,486	0.001618	0.001618		0 73.00
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000		0 76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0.000000	0.000000		0 76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000		0 76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	420,734	0.000000	0.000000		0 90.00
90.01	09001 ANTI COAG CLINIC	6	2,918,861	0.000002	0.000002		0 90.01
91.00	09100 EMERGENCY	52	138,110,390	0.000000	0.000000		0 91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	406,151	0.000000	0.000000		0 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	28,400,402	0.000000	0.000000		0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	428,846	1,859,097,941				0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 11:00 am
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY - WABASH	0	0	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0	0	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0	0	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0	0	0	54.04
54.05	05405 RADIOLOGY - NHMP	0	0	0	54.05
54.06	05406 RADIOLOGY - CMP	0	0	0	54.06
54.07	05407 RADIOLOGY - WP	0	0	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	0	0	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0	0	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01	06501 WOUND CARE	0	0	0	65.01
65.02	06502 DIALYSIS	0	0	0	65.02
65.03	03330 ENDOSCOPY	0	0	0	65.03
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0	0	0	66.01
66.02	03650 PV REHAB OUTREACH	0	0	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 NEURO REHAB	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	03950 NUTRITION SUPPORT	0	0	0	70.01
70.03	03952 CARDIAC CATH LAB	0	0	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0	0	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
71.01	07101 COST OF SOLUTIONS	0	0	0	71.01
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
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 ANTI COAG CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 11:00 am
Cost Center Description		PPS		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		101,531	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		101,531	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)		89,476	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)		33,300	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)		82,900,735	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)		82,900,735	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)		82,900,735	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)		816.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		27,189,783	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)		27,189,783	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		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	10,150,372	6,893	1,472.56	5,833	8,589,442	43.00
43.01	PEDIATRIC ICU	2,138,293	839	2,548.62	0	0	43.01
43.02	NEONATAL ICU	7,130,505	8,066	884.02	0	0	43.02
44.00	CORONARY CARE UNIT	29,987,601	25,046	1,197.30	1,126	1,348,160	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)					57,910,725	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					95,038,110	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)					4,385,489	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					6,184,638	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,570,127	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					84,467,983	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)					12,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					816.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,843,028	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,938,493	82,900,735	0.119884	9,843,028	1,180,022	90.00
91.00	Nursing School cost	0	82,900,735	0.000000	9,843,028	0	91.00
92.00	Allied health cost	198	82,900,735	0.000002	9,843,028	20	92.00
93.00	All other Medical Education	0	82,900,735	0.000000	9,843,028	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,141	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)		20,141	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,879	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)		13,967,438	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)		13,967,438	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)		13,967,438	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)		693.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,076,969	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)		4,076,969	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S021				Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					634,538		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,711,507		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)					469,262		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					62,786		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					532,048		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					4,179,459		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,607,714	13,967,438	0.115104	0	0	90.00
91.00	Nursing School cost	0	13,967,438	0.000000	0	0	91.00
92.00	Allied health cost	0	13,967,438	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,967,438	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,905 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,905 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)			5,905 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)			1,711 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)			4,389,055 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)			4,389,055 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)			4,389,055 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)			743.28 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			1,271,752 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)			1,271,752 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01	
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)	917,465						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,189,217						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)	175,720						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	70,745						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	246,465						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,942,752						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)	0						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	0						71.00
72.00	Program routine service cost (line 9 x line 71)	0						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)	0						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						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						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)	0						83.00
84.00	Program inpatient ancillary services (see instructions)	0						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)	0						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: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	606,458	4,389,055	0.138175	0	0	90.00
91.00	Nursing School cost	0	4,389,055	0.000000	0	0	91.00
92.00	Allied health cost	0	4,389,055	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,389,055	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 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)		12,975	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,975	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)		12,975	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		5,145	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,846,329	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,846,329	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,846,329	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: 150021 Component CCN: 155516		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 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
43.01	PEDIATRIC ICU						43.01
43.02	NEONATAL ICU						43.02
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)					6,846,329	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					527.66	71.00
72.00	Program routine service cost (line 9 x line 71)					2,714,811	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)					2,714,811	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)					2,714,811	83.00
84.00	Program inpatient ancillary services (see instructions)					1,941,545	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)					4,656,356	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: 150021 Component CCN: 155516		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2015 11:00 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		101,531	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		101,531	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)		89,476	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)		10,367	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)		5,504	15.00
16.00	Nursery days (title V or XIX only)		2,154	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)		82,900,735	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)		82,900,735	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)		82,900,735	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)		816.51	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		8,464,759	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		8,464,759	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XIX		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)	4,675,523	5,504	849.48	2,154	1,829,780	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	10,150,372	6,893	1,472.56	4	5,890	43.00
43.01	PEDIATRIC ICU	2,138,293	839	2,548.62	0	0	43.01
43.02	NEONATAL ICU	7,130,505	8,066	884.02	0	0	43.02
44.00	CORONARY CARE UNIT	29,987,601	25,046	1,197.30	0	0	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)					20,795,072	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					31,095,501	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,199,084	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,270,623	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,469,707	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					27,625,794	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)					12,055	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					816.51	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,843,028	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	9,938,493	82,900,735	0.119884	9,843,028	1,180,022	90.00
91.00	Nursing School cost	0	82,900,735	0.000000	9,843,028	0	91.00
92.00	Allied health cost	198	82,900,735	0.000002	9,843,028	20	92.00
93.00	All other Medical Education	0	82,900,735	0.000000	9,843,028	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		20,141	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,141	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)		20,141	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)		0	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)		5,504	15.00
16.00	Nursery days (title V or XIX only)		2,154	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)		13,967,438	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)		13,967,438	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)		13,967,438	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)		693.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S021				Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 PEDIATRIC ICU	0	0	0.00	0	0	0	43.01
43.02 NEONATAL ICU	0	0	0.00	0	0	0	43.02
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	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)					16,048		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					16,048		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						1,758	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						1,758	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						14,290	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15S021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,607,714	13,967,438	0.115104	0	0	90.00
91.00	Nursing School cost	0	13,967,438	0.000000	0	0	91.00
92.00	Allied health cost	0	13,967,438	0.000000	0	0	92.00
93.00	All other Medical Education	0	13,967,438	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			5,905 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			5,905 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)			5,905 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)			339 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)			5,504 15.00
16.00	Nursery days (title V or XIX only)			2,154 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)			4,389,055 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)			4,389,055 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)			4,389,055 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)			743.28 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			251,972 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)			251,972 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T021				Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	PEDIATRIC ICU	0	0	0.00	0	0	43.01
43.02	NEONATAL ICU	0	0	0.00	0	0	43.02
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					251,972	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)					34,815	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					34,815	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					217,157	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150021 Component CCN: 15T021		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	606,458	4,389,055	0.138175	0	0	90.00
91.00	Nursing School cost	0	4,389,055	0.000000	0	0	91.00
92.00	Allied health cost	0	4,389,055	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,389,055	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 11:00 am	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		45,426,655	30.00
31.00	03100	INTENSIVE CARE UNIT		15,220,670	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		2,744,270	32.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114546	54,846,595	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	50.01
51.00	05100	RECOVERY ROOM	0.198249	5,094,267	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	52.00
53.00	05300	ANESTHESIOLOGY	0.345250	406,788	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	39,152,563	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197602	585,689	55.00
56.00	05600	RADIOISOTOPE	0.358155	709,707	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	3,078,001	58.00
60.00	06000	LABORATORY	0.149439	27,470,915	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	1,655,181	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	3,039,544	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.186291	11,152,805	65.00
65.01	06501	WOUND CARE	0.254787	1,170,700	65.01
65.02	06502	DIALYSIS	0.592973	1,474,741	65.02
65.03	03330	ENDOSCOPY	0.127565	2,774,785	65.03
66.00	06600	PHYSICAL THERAPY	0.550777	2,123,364	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	1,312,072	67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	592,615	68.00
68.01	06801	NEURO REHAB	0.442462	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	2,290,912	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	433,625	70.00
70.01	03950	NUTRITION SUPPORT	4.083938	67,991	70.01
70.03	03952	CARDIAC CATH LAB	0.113112	14,083,828	70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	19,482,741	71.00
71.01	07101	COST OF SOLUTIONS	0.043750	986,557	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	17,654,003	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	56,244,976	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.957757	32,424	90.00
90.01	09001	ANTI COAG CLINIC	0.777031	1,110	90.01
91.00	09100	EMERGENCY	0.133420	14,561,987	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	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)		282,480,486	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)		282,480,486	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S021		Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVII I	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		7,391,240	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114546	56,274	6,446 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	0 50.01
51.00	05100	RECOVERY ROOM	0.198249	48,141	9,544 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.345250	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	233,281	17,799 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	0 54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	0 54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197602	0	0 55.00
56.00	05600	RADIOISOTOPE	0.358155	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	14,448	1,887 58.00
60.00	06000	LABORATORY	0.149439	563,475	84,205 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	0	0 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.186291	4,676	871 65.00
65.01	06501	WOUND CARE	0.254787	14,997	3,821 65.01
65.02	06502	DIALYSIS	0.592973	0	0 65.02
65.03	03330	ENDOSCOPY	0.127565	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.550777	44,634	24,583 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	7,227	2,442 67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	4,921	1,423 68.00
68.01	06801	NEURO REHAB	0.442462	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	35,094	5,110 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	2,334	433 70.00
70.01	03950	NUTRITION SUPPORT	4.083938	3,060	12,497 70.01
70.03	03952	CARDIAC CATH LAB	0.113112	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	7,038	2,502 71.00
71.01	07101	COST OF SOLUTIONS	0.043750	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	1,058,310	373,018 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.957757	350	335 90.00
90.01	09001	ANTI COAG CLINIC	0.777031	0	0 90.01
91.00	09100	EMERGENCY	0.133420	656,740	87,622 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		2,755,000	634,538 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		2,755,000	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T021		Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		2,034,829	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114546	1,226	140 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	0 50.01
51.00	05100	RECOVERY ROOM	0.198249	1,270	252 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.345250	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	124,467	9,496 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	0 54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	0 54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197602	0	0 55.00
56.00	05600	RADIOISOTOPE	0.358155	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	16,053	2,097 58.00
60.00	06000	LABORATORY	0.149439	197,039	29,445 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	719	393 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.186291	23,208	4,323 65.00
65.01	06501	WOUND CARE	0.254787	22,866	5,826 65.01
65.02	06502	DIALYSIS	0.592973	21,985	13,037 65.02
65.03	03330	ENDOSCOPY	0.127565	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.550777	688,549	379,237 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	652,316	220,404 67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	328,966	95,124 68.00
68.01	06801	NEURO REHAB	0.442462	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	6,150	896 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	755	140 70.00
70.01	03950	NUTRITION SUPPORT	4.083938	2,576	10,520 70.01
70.03	03952	CARDIAC CATH LAB	0.113112	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	74,696	26,557 71.00
71.01	07101	COST OF SOLUTIONS	0.043750	3,825	167 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	326,146	114,955 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.957757	2,380	2,279 90.00
90.01	09001	ANTI COAG CLINIC	0.777031	0	0 90.01
91.00	09100	EMERGENCY	0.133420	16,318	2,177 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		2,511,510	917,465 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		2,511,510	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 155516		Date/Time Prepared: 5/27/2015 11:00 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
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114546	9,094	1,042 50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	0 50.01
51.00	05100	RECOVERY ROOM	0.198249	14,508	2,876 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.345250	4,904	1,693 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	221,021	16,863 54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	0 54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	0 54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	0 54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	0 54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	0 54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	0 54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	0 54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	0 54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	0 54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.196485	83,797	16,465 55.00
56.00	05600	RADIOISOTOPE	0.358155	8,391	3,005 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	16,646	2,174 58.00
60.00	06000	LABORATORY	0.149439	579,248	86,562 60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	2,123	586 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	19,800	10,819 62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0 62.30
65.00	06500	RESPIRATORY THERAPY	0.186236	173,372	32,288 65.00
65.01	06501	WOUND CARE	0.253335	234,210	59,334 65.01
65.02	06502	DIALYSIS	0.592973	0	0 65.02
65.03	03330	ENDOSCOPY	0.127565	0	0 65.03
66.00	06600	PHYSICAL THERAPY	0.550777	1,210,610	666,776 66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	0 66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	0 66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	1,047,219	353,833 67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	149,305	43,173 68.00
68.01	06801	NEURO REHAB	0.442434	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	13,776	2,006 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	755	140 70.00
70.01	03950	NUTRITION SUPPORT	4.083938	138	564 70.01
70.03	03952	CARDIAC CATH LAB	0.113112	0	0 70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	0	0 70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	161,650	57,472 71.00
71.01	07101	COST OF SOLUTIONS	0.043750	11,834	518 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	1,610,236	567,553 73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	0 76.98
76.99	07699	LITHOTRI PSY	0.000000	0	0 76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.957757	2,457	2,353 90.00
90.01	09001	ANTI COAG CLINIC	0.777031	0	0 90.01
91.00	09100	EMERGENCY	0.132606	101,431	13,450 91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	0 91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		5,676,525	1,941,545 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		5,676,525	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 11:00 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		31,328,092	30.00
31.00	03100	INTENSIVE CARE UNIT		24,140	31.00
31.01	03101	PEDIATRIC ICU		936,060	31.01
31.02	03102	NEONATAL ICU		18,619,865	31.02
32.00	03200	CORONARY CARE UNIT		921,060	32.00
40.00	04000	SUBPROVIDER - IPF		43,105	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		2,264,300	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114546	19,237,867	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	50.01
51.00	05100	RECOVERY ROOM	0.198249	1,692,740	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	52.00
53.00	05300	ANESTHESIOLOGY	0.345250	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	12,190,958	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197602	387,586	55.00
56.00	05600	RADIOISOTOPE	0.358155	210,251	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	1,314,072	58.00
60.00	06000	LABORATORY	0.149439	11,706,076	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	763,054	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	883,012	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.186291	6,055,348	65.00
65.01	06501	WOUND CARE	0.254787	450,554	65.01
65.02	06502	DIALYSIS	0.592973	281,591	65.02
65.03	03330	ENDOSCOPY	0.127565	801,572	65.03
66.00	06600	PHYSICAL THERAPY	0.550777	793,235	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	621,829	67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	354,450	68.00
68.01	06801	NEURO REHAB	0.442462	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	500,033	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	217,488	70.00
70.01	03950	NUTRITION SUPPORT	4.083938	27,462	70.01
70.03	03952	CARDIAC CATH LAB	0.113112	1,796,575	70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	6,038,331	71.00
71.01	07101	COST OF SOLUTIONS	0.043750	364,966	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	2,010,564	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	23,800,450	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRIpsy	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.957757	17,626	90.00
90.01	09001	ANTI COAG CLINIC	0.777031	0	90.01
91.00	09100	EMERGENCY	0.133420	6,292,073	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	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)		98,809,763	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)		98,809,763	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S021		Date/Time Prepared: 5/27/2015 11:00 am	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	PEDIATRIC ICU		0	31.01
31.02	03102	NEONATAL ICU		0	31.02
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		10,486,907	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.114546	0	50.00
50.01	05001	CAREW MEDICAL PARK SURG	0.114040	0	50.01
51.00	05100	RECOVERY ROOM	0.198249	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.522857	0	52.00
53.00	05300	ANESTHESIOLOGY	0.345250	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.076297	19,435	54.00
54.01	05401	RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402	RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403	RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404	RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405	RADIOLOGY - NHMP	0.454016	0	54.05
54.06	05406	RADIOLOGY - CMP	2.499863	0	54.06
54.07	05407	RADIOLOGY - WP	2.499903	0	54.07
54.08	05408	RADIOLOGY - PULM CLINIC	7.085136	0	54.08
54.09	05409	RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500	RADIOLOGY-THERAPEUTIC	0.197602	0	55.00
56.00	05600	RADIOISOTOPE	0.358155	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.130624	0	58.00
60.00	06000	LABORATORY	0.149439	19,297	60.00
60.01	06001	ANATOMICAL PATHOLOGY	0.276022	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	0	62.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500	RESPIRATORY THERAPY	0.186291	80	65.00
65.01	06501	WOUND CARE	0.254787	0	65.01
65.02	06502	DIALYSIS	0.592973	0	65.02
65.03	03330	ENDOSCOPY	0.127565	0	65.03
66.00	06600	PHYSICAL THERAPY	0.550777	0	66.00
66.01	06601	TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650	PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700	OCCUPATIONAL THERAPY	0.337879	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.289162	0	68.00
68.01	06801	NEURO REHAB	0.442462	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.145622	1,476	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.185533	0	70.00
70.01	03950	NUTRITION SUPPORT	4.083938	391	70.01
70.03	03952	CARDIAC CATH LAB	0.113112	0	70.03
70.04	03953	CARDIAC REHA SERVICES	0.326924	0	70.04
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	62	71.00
71.01	07101	COST OF SOLUTIONS	0.043750	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.229591	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.352466	13,462	73.00
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0.000000	0	76.98
76.99	07699	LITHOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.957757	0	90.00
90.01	09001	ANTI COAG CLINIC	0.777031	0	90.01
91.00	09100	EMERGENCY	0.133420	38,131	91.00
91.01	09101	PARTIAL HOSPITALIZATION	0.489178	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.346581	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)		92,334	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)		92,334	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3
		Component CCN: 15T021		Date/Time Prepared: 5/27/2015 11:00 am
		Title XIX	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 PEDIATRIC ICU		0	31.01
31.02	03102 NEONATAL ICU		0	31.02
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		830,560	41.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.114546	0	50.00
50.01	05001 CAREW MEDICAL PARK SURG	0.114040	0	50.01
51.00	05100 RECOVERY ROOM	0.198249	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.522857	0	52.00
53.00	05300 ANESTHESIOLOGY	0.345250	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.076297	0	54.00
54.01	05401 RADIOLOGY - WABASH	0.000000	0	54.01
54.02	05402 RADIOLOGY - MANCHESTER	0.000000	0	54.02
54.03	05403 RADIOLOGY - EAST STATE	0.000000	0	54.03
54.04	05404 RADIOLOGY - JEFFERSON	0.000000	0	54.04
54.05	05405 RADIOLOGY - NHMP	0.454016	0	54.05
54.06	05406 RADIOLOGY - CMP	2.499863	0	54.06
54.07	05407 RADIOLOGY - WP	2.499903	0	54.07
54.08	05408 RADIOLOGY - PULM CLINIC	7.085136	0	54.08
54.09	05409 RADIOLOGY - WHITLEY POOL	0.000000	0	54.09
55.00	05500 RADIOLOGY-THERAPEUTIC	0.197602	0	55.00
56.00	05600 RADIOISOTOPE	0.358155	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.130624	0	58.00
60.00	06000 LABORATORY	0.149439	0	60.00
60.01	06001 ANATOMICAL PATHOLOGY	0.276022	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.546431	0	62.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
65.00	06500 RESPIRATORY THERAPY	0.186291	0	65.00
65.01	06501 WOUND CARE	0.254787	0	65.01
65.02	06502 DIALYSIS	0.592973	0	65.02
65.03	03330 ENDOSCOPY	0.127565	0	65.03
66.00	06600 PHYSICAL THERAPY	0.550777	0	66.00
66.01	06601 TRANSITIONAL THERAPY	0.000000	0	66.01
66.02	03650 PV REHAB OUTREACH	0.000000	0	66.02
67.00	06700 OCCUPATIONAL THERAPY	0.337879	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.289162	0	68.00
68.01	06801 NEURO REHAB	0.442462	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0.145622	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.185533	0	70.00
70.01	03950 NUTRITION SUPPORT	4.083938	0	70.01
70.03	03952 CARDIAC CATH LAB	0.113112	0	70.03
70.04	03953 CARDIAC REHA SERVICES	0.326924	0	70.04
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.355533	0	71.00
71.01	07101 COST OF SOLUTIONS	0.043750	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.229591	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.352466	0	73.00
76.97	07697 CARDIAC REHABILITATION	0.000000	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.957757	0	90.00
90.01	09001 ANTI COAG CLINIC	0.777031	0	90.01
91.00	09100 EMERGENCY	0.133420	0	91.00
91.01	09101 PARTIAL HOSPITALIZATION	0.489178	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.346581	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)		0	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)		0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		46,686,636	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		17,389,527	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		5,370,367	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		44,918,798	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		503.97	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)		8.32	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		2.09	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)		10.41	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		15.04	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)		10.41	12.00
13.00	Total allowable FTE count for the prior year.		10.41	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.		8.32	14.00
15.00	Sum of lines 12 through 14 divided by 3.		9.71	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		9.71	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.019267	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.019520	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.019267	21.00
22.00	IME payment adjustment (see instructions)		1,141,722	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		1.80	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		4.63	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)		1.80	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.003572	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000954	27.00
28.00	IME add-on adjustment amount (see instructions)		103,981	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment (sum of lines 22 and 28)		1,245,703	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.57	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.26	31.00
32.00	Sum of lines 30 and 31		27.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		12.17	33.00
34.00	Disproportionate share adjustment (see instructions)		1,949,517	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000813429	0.000864666	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		7,358,588	6,612,658	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		5,503,819	1,666,754	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		7,170,573		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)			0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)			0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)			0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)			0	46.00
47.00	Subtotal (see instructions)		79,812,323		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)			0	48.00
49.00	Total payment for inpatient operating costs (see instructions)		79,812,323		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		6,584,042		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		485,292		52.00
53.00	Nursing and Allied Health Managed Care payment		98,578		53.00
54.00	Special add-on payments for new technologies		35,145		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)			0	55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)			0	56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).			0	57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		115,713		58.00
59.00	Total (sum of amounts on lines 49 through 58)		87,131,093		59.00
60.00	Primary payer payments		160,267		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		86,970,826		61.00
62.00	Deductibles billed to program beneficiaries		6,429,142		62.00
63.00	Coinurance billed to program beneficiaries		335,385		63.00
64.00	Allowable bad debts (see instructions)		262,804		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		170,823		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		-79,118		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		80,377,122		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)			0	68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	70.00
70.50	RURAL DEMONSTRATION PROJECT			0	70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)			0	70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)			0	70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)			0	70.91
70.92	Bundled Model 1 discount amount (see instructions)			0	70.92
70.93	HVBP payment adjustment amount (see instructions)			0	70.93
70.94	HRR adjustment amount (see instructions)			0	70.94
70.95	Recovery of accelerated depreciation			0	70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		80,377,122		71.00
71.01	Sequestration adjustment (see instructions)		1,607,542		71.01
72.00	Interim payments		79,804,397		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)		-1,034,817		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		3,818,558		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		34,683,355	2.00
3.00	PPS payments		30,286,583	3.00
4.00	Outlier payment (see instructions)		452,406	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		44,716	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		30,783,705	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,202,239	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		24,581,466	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		158,639	28.00
29.00	ESRD direct medical education costs (from Wkst. E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		24,740,105	30.00
31.00	Primary payer payments		13,330	31.00
32.00	Subtotal (line 30 minus line 31)		24,726,775	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		656,016	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		426,410	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		384,225	36.00
37.00	Subtotal (see instructions)		25,153,185	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		25,153,185	40.00
40.01	Sequestration adjustment (see instructions)		503,064	40.01
41.00	Interim payments		25,111,842	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-461,721	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: 150021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 11:00 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		79,556,597		24,998,342	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	07/16/2014	247,800	07/16/2014	113,500	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)		247,800		113,500	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)		79,804,397		25,111,842	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		1,034,817		461,721	6.02	
7.00	Total Medicare program liability (see instructions)		78,769,580		24,650,121	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150021
Component CCN: 15S021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 11:00 am
PPS

Title XVII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,104,409		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)		4,104,409		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		3,771		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,108,180		0	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: 150021
Component CCN: 15T021

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 11:00 am
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,879,512		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)		1,879,512		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		11,870		0	6.02
7.00	Total Medicare program liability (see instructions)		1,867,642		0	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: 150021
Component CCN: 155516

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

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2015 11:00 am
PPS

Title XVIII

Skilled Nursing
Facility

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,464,190		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)		1,464,190		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		4,498		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,468,688		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: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			26,873 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			40,259 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			27,585 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			130,320 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			2,209,179,925 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			39,547,952 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,688,422 8.00
9.00	Sequestration adjustment amount (see instructions)			33,768 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,654,654 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,571,312 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)			83,342 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 Component CCN: 15S021	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/27/2015 11:00 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			4,733,759 1.00
2.00	Net IPF PPS Outlier Payments			42,488 2.00
3.00	Net IPF PPS ECT Payments			8,271 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			55.180822 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			4,784,518 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)			0 15.00
16.00	Subtotal (see instructions)			4,784,518 16.00
17.00	Primary payer payments			6,475 17.00
18.00	Subtotal (line 16 less line 17).			4,778,043 18.00
19.00	Deductibles			557,361 19.00
20.00	Subtotal (line 18 minus line 19)			4,220,682 20.00
21.00	Coinsurance			32,427 21.00
22.00	Subtotal (line 20 minus line 21)			4,188,255 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			2,380 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			1,547 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-3,697 25.00
26.00	Subtotal (sum of lines 22 and 24)			4,189,802 26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			2,218 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 30.50
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			4,192,020 31.00
31.01	Sequestration adjustment (see instructions)			83,840 31.01
32.00	Interim payments			4,104,409 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)			3,771 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			42,488 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 Component CCN: 15T021	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/27/2015 11:00 am
		Title XVII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,764,243 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0549 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			105,502 3.00
4.00	Outlier Payments			47,636 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			16.178082 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,917,381 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,917,381 17.00
18.00	Primary payer payments			8,529 18.00
19.00	Subtotal (line 17 less line 18).			1,908,852 19.00
20.00	Deductibles			3,800 20.00
21.00	Subtotal (line 19 minus line 20)			1,905,052 21.00
22.00	Coinsurance			0 22.00
23.00	Subtotal (line 21 minus line 22)			1,905,052 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,905,052 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			705 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,905,757 32.00
32.01	Sequestration adjustment (see instructions)			38,115 32.01
33.00	Interim payments			1,879,512 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			-11,870 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			47,636 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 Component CCN: 155516	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VI Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,714,646	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		3,125	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,717,771	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		222,643	7.00
8.00	Allowable bad debts (see instructions)		5,276	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		3,452	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		3,810	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (sum of lines 4, 5 minus lines 6 and 7, plus lines 10 and 11)(see instructions)		1,498,938	12.00
13.00	Inpatient primary payer payments		277	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	14.50
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (see instructions)		1,498,661	15.00
15.01	Sequestration adjustment (see instructions)		29,973	15.01
16.00	Interim payments		1,464,190	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus lines 15.01, 16, and 17)		4,498	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 11:00 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			8.53	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			1.46	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			9.99	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			15.04	6.00
7.00	Enter the lesser of line 5 or line 6			9.99	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	15.04	0.00	15.04	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	9.99	0.00	9.99	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	9.99	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	13.60	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	9.99	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	11.19	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	11.19	0.00		17.00
18.00	Per resident amount	97,871.00	0.00		18.00
19.00	Approved amount for resident costs	1,095,176	0	1,095,176	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			3.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			5.05	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			3.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			93,011.93	23.00
24.00	Multiply line 22 time line 23			279,036	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,374,212	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	47,849	30,184		26.00
27.00	Total Inpatient Days (see instructions)	157,428	157,428		27.00
28.00	Ratio of inpatient days to total inpatient days	0.303942	0.191732		28.00
29.00	Program direct GME amount	417,681	263,480		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		37,230		30.00
31.00	Net Program direct GME amount			643,931	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		106,371,416	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		175,548	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		106,195,868	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		34,728,071	42.00
43.00	Primary payer payments (see instructions)		13,330	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		34,714,741	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		140,910,609	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.753640	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.246360	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		643,931	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		485,292	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		158,639	50.00

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

Provider CCN: 150021

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

Worksheet G

Date/Time Prepared:
5/27/2015 11:00 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	-279,940	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	105,377,875	0	0	0	4.00
5.00	Other receivable	-400,503,501	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	12,371,276	0	0	0	7.00
8.00	Prepaid expenses	8,292,532	0	0	0	8.00
9.00	Other current assets	0	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)	-274,741,758	0	0	0	11.00
FIXED ASSETS						
12.00	Land	6,760,319	0	0	0	12.00
13.00	Land improvements	63,230,093	0	0	0	13.00
14.00	Accumulated depreciation	-15,434,128	0	0	0	14.00
15.00	Buildings	503,906,819	0	0	0	15.00
16.00	Accumulated depreciation	-185,688,718	0	0	0	16.00
17.00	Leasehold improvements	9,508,702	0	0	0	17.00
18.00	Accumulated depreciation	-4,855,762	0	0	0	18.00
19.00	Fixed equipment	18,810,070	0	0	0	19.00
20.00	Accumulated depreciation	-4,135,190	0	0	0	20.00
21.00	Automobiles and trucks	7,592,809	0	0	0	21.00
22.00	Accumulated depreciation	-3,864,336	0	0	0	22.00
23.00	Major movable equipment	391,556,609	0	0	0	23.00
24.00	Accumulated depreciation	-171,519,209	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	80,452	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	615,948,530	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	21,064,899	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	8,878,938	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,943,837	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	371,150,609	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	29,639,722	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,645,346	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	19,211,591	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	60,496,659	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	2,980,127	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)	2,980,127	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	63,476,786	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	307,673,823				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)	307,673,823	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	371,150,609	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150021

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

Worksheet G-1

Date/Time Prepared:
5/27/2015 11:00 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		310,048,003		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		138,385,921			2.00
3.00	Total (sum of line 1 and line 2)		448,433,924		0	3.00
4.00	ASSET TRANSFER ADDITIONS	43,535		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		43,535		0	10.00
11.00	Subtotal (line 3 plus line 10)		448,477,459		0	11.00
12.00	ASSET TRANSFER DEDUCTIONS	140,803,636		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		140,803,636		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		307,673,823		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	ASSET TRANSFER ADDITIONS		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	ASSET TRANSFER DEDUCTIONS		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: 150021

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	117,018,915		117,018,915	1.00
2.00	SUBPROVIDER - IPF	25,493,960		25,493,960	2.00
3.00	SUBPROVIDER - IRF	6,997,120		6,997,120	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	7,687,320		7,687,320	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)	157,197,315		157,197,315	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	19,743,775		19,743,775	11.00
11.01	PEDIATRIC ICU	2,123,125		2,123,125	11.01
11.02	NEONATAL ICU	28,815,870		28,815,870	11.02
12.00	CORONARY CARE UNIT	53,378,990		53,378,990	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)	104,061,760		104,061,760	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	261,259,075		261,259,075	17.00
18.00	Ancillary services	1,000,700,985	0	1,000,700,985	18.00
19.00	Outpatient services	0	1,033,076,599	1,033,076,599	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		25,560,618	25,560,618	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	0	0	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,261,960,060	1,058,637,217	2,320,597,277	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		672,029,247		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)		672,029,247		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150021

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

Worksheet G-3

Date/Time Prepared:
5/27/2015 11:00 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	2,320,597,277	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,549,072,085	2.00
3.00	Net patient revenues (line 1 minus line 2)	771,525,192	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	672,029,247	4.00
5.00	Net income from service to patients (line 3 minus line 4)	99,495,945	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	2,546,664	6.00
7.00	Income from investments	979,359	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	2,190	12.00
13.00	Revenue from laundry and linen service	-126,981	13.00
14.00	Revenue from meals sold to employees and guests	3,547,119	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	7,593,898	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	5,940,801	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING	19,086,841	24.00
25.00	Total other income (sum of lines 6-24)	39,569,891	25.00
26.00	Total (line 5 plus line 25)	139,065,836	26.00
27.00	GAINS ON SALE OF ASSET	679,915	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	679,915	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	138,385,921	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150021

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

Worksheet H

HHA CCN: 157423

Date/Time Prepared: 5/27/2015 11:00 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	1,229,984	399,683	0	0	1,686,262	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	3,324,057	1,080,152	352,190	0	4,756,399	6.00
7.00	Physical Therapy	676,952	219,975	64,032	0	960,959	7.00
8.00	Occupational Therapy	459,509	149,317	24,791	0	633,617	8.00
9.00	Speech Pathology	110,175	35,801	17,671	0	163,647	9.00
10.00	Medical Social Services	18,621	6,051	24,373	0	49,045	10.00
11.00	Home Health Aide	124,904	40,588	108,898	0	274,390	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	2,797,518	909,054	39,405	1,402,492	2,291,809	23.00
24.00	Total (sum of lines 1-23)	8,741,720	2,840,621	631,360	1,402,492	3,978,071	24.00
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-2,534,063	781,866	0	781,866		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	-2,256,688	2,499,711	0	2,499,711		6.00
7.00	Physical Therapy	-455,930	505,029	0	505,029		7.00
8.00	Occupational Therapy	-300,621	332,996	0	332,996		8.00
9.00	Speech Pathology	-77,643	86,004	0	86,004		9.00
10.00	Medical Social Services	-23,270	25,775	0	25,775		10.00
11.00	Home Health Aide	-130,185	144,205	0	144,205		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	-3,530,062	3,910,216	-334,617	3,575,599		23.00
24.00	Total (sum of lines 1-23)	-9,308,462	8,285,802	-334,617	7,951,185		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/27/2015 11:00 am
		HHA CCN: 157423	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	781,866	0	0	0	781,866	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	2,499,711	0	0	0	2,499,711	6.00	
7.00	Physical Therapy	505,029	0	0	0	505,029	7.00	
8.00	Occupational Therapy	332,996	0	0	0	332,996	8.00	
9.00	Speech Pathology	86,004	0	0	0	86,004	9.00	
10.00	Medical Social Services	25,775	0	0	0	25,775	10.00	
11.00	Home Health Aide	144,205	0	0	0	144,205	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	3,575,599	0	0	0	3,575,599	23.00	
24.00	Total (sum of lines 1-23)	7,951,185	0	0	0	7,951,185	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	781,866					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	272,611	2,772,322				6.00	
7.00	Physical Therapy	55,077	560,106				7.00	
8.00	Occupational Therapy	36,316	369,312				8.00	
9.00	Speech Pathology	9,379	95,383				9.00	
10.00	Medical Social Services	2,811	28,586				10.00	
11.00	Home Health Aide	15,727	159,932				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	389,945	3,965,544				23.00	
24.00	Total (sum of lines 1-23)		7,951,185				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150021
HHA CCN: 157423

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

Worksheet H-1
Part II
Date/Time Prepared:
5/27/2015 11:00 am
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-781,866	7,169,319
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,499,711
7.00	Physical Therapy	0	0	0	0	0	505,029
8.00	Occupational Therapy	0	0	0	0	0	332,996
9.00	Speech Pathology	0	0	0	0	0	86,004
10.00	Medical Social Services	0	0	0	0	0	25,775
11.00	Home Health Aide	0	0	0	0	0	144,205
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	3,575,599
24.00	Total (sum of lines 1-23)	0	0	0	0	-781,866	7,169,319
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		781,866
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.109057

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157423

To 12/31/2014

Part I
Date/Time Prepared: 5/27/2015 11:00 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	201,650	39,735	918,771	27,916	29,987	1.00	
2.00 Skilled Nursing Care	2,772,322	0	0	0	0	0	2.00	
3.00 Physical Therapy	560,106	0	0	0	0	0	3.00	
4.00 Occupational Therapy	369,312	0	0	0	0	0	4.00	
5.00 Speech Pathology	95,383	0	0	0	0	0	5.00	
6.00 Medical Social Services	28,586	0	0	0	0	0	6.00	
7.00 Home Health Aide	159,932	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	3,965,544	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	7,951,185	201,650	39,735	918,771	27,916	29,987	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	MATERIALS MANAGEMENT	PATIENT SERVICES	PATIENT ACCOUNTING	AMBULATORY SVCS ADMIN	Subtotal	OTHER A&G		
	5.03	5.04	5.05	5.06	5A.06	5.07		
1.00 Administrative and General	1,062	0	511	0	1,219,632	383,723	1.00	
2.00 Skilled Nursing Care	0	0	0	0	2,772,322	872,233	2.00	
3.00 Physical Therapy	0	0	0	0	560,106	176,222	3.00	
4.00 Occupational Therapy	0	0	0	0	369,312	116,194	4.00	
5.00 Speech Pathology	0	0	0	0	95,383	30,010	5.00	
6.00 Medical Social Services	0	0	0	0	28,586	8,994	6.00	
7.00 Home Health Aide	0	0	0	0	159,932	50,318	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	3,965,544	1,247,647	19.00	
20.00 Total (sum of lines 1-19) (2)	1,062	0	511	0	9,170,817	2,885,341	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157423

To 12/31/2014

Part I Date/Time Prepared: 5/27/2015 11:00 am

Home Health Agency I

PPS

Cost Center Description		CAREW MEDICAL	MAINTENANCE &	OPERATION OF	FACILITY	LAUNDRY &	HOUSEKEEPING	
		PARK ADMIN	REPAIRS	PLANT	ENGINEERING	LINEN SERVICE		
		5.08	6.00	7.00	7.01	8.00	9.00	
1.00	Administrative and General	0	0	154,244	178,658	0	136,636	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	154,244	178,658	0	136,636	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		DIETARY	KITCHEN-NO	CAFETERIA	PREADMITS AND	CAFETERIA	MAINTENANCE OF	
			CONNECT W/CAFE		ER		PERSONNEL	
		10.00	10.01	10.02	10.03	11.00	12.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157423

To 12/31/2014

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Home Health Agency I

PPS

Cost Center Description		NURSING	CENTRAL	PHARMACY	OUTPATIENT	IV SOLUTIONS	MED SURG		
		ADMINISTRATION	SERVICES & SUPPLY		PHARMACY		SUPPLY		
		13.00	14.00	15.00	15.01	15.02	15.03		
1.00	Administrative and General	4,423	0	1,338,095	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,423	0	1,338,095	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

Cost Center Description		MEDICAL	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN	NURSING SCHOOL	INTERNS & RESIDENTS		
		RECORDS & LIBRARY			ANESTHETISTS		SERVICES-SALAR Y & FRINGES APPRV		
		16.00	17.00	17.01	19.00	20.00	21.00		
1.00	Administrative and General	21,597	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	21,597	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157423

To 12/31/2014

Part I
Date/Time Prepared: 5/27/2015 11:00 am

Home Health Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED RADIOLOGY	PARAMED ED PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS APPRV						
	22.00						
1.00 Administrative and General	0	0	0	20,504	3,457,512	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	3,644,555	0	2.00
3.00 Physical Therapy	0	0	0	0	736,328	0	3.00
4.00 Occupational Therapy	0	0	0	0	485,506	0	4.00
5.00 Speech Pathology	0	0	0	0	125,393	0	5.00
6.00 Medical Social Services	0	0	0	0	37,580	0	6.00
7.00 Home Health Aide	0	0	0	0	210,250	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	5,213,191	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	20,504	13,910,315	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs				
	26.00	27.00	28.00				
1.00 Administrative and General	3,457,512						1.00
2.00 Skilled Nursing Care	3,644,555	1,205,524	4,850,079				2.00
3.00 Physical Therapy	736,328	243,558	979,886				3.00
4.00 Occupational Therapy	485,506	160,593	646,099				4.00
5.00 Speech Pathology	125,393	41,477	166,870				5.00
6.00 Medical Social Services	37,580	12,430	50,010				6.00
7.00 Home Health Aide	210,250	69,545	279,795				7.00
8.00 Supplies (see instructions)	0	0	0				8.00
9.00 Drugs	0	0	0				9.00
10.00 DME	0	0	0				10.00
11.00 Home Dialysis Aide Services	0	0	0				11.00
12.00 Respiratory Therapy	0	0	0				12.00
13.00 Private Duty Nursing	0	0	0				13.00
14.00 Clinic	0	0	0				14.00
15.00 Health Promotion Activities	0	0	0				15.00
16.00 Day Care Program	0	0	0				16.00
17.00 Home Delivered Meals Program	0	0	0				17.00
18.00 Homemaker Service	0	0	0				18.00
19.00 All Others (specify)	5,213,191	1,724,385	6,937,576				19.00
20.00 Total (sum of lines 1-19) (2)	13,910,315	3,457,512	13,910,315				20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.330774					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150021
HHA CCN: 157423

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2015 11:00 am
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	MATERIALS MANAGEMENT (COSTED REQUISTION)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
1.00	Administrative and General	17,229	24,912	6,045,024	93	468	635,358	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	17,229	24,912	6,045,024	93	468	635,358	20.00
21.00	Total cost to be allocated	201,650	39,735	918,771	27,916	29,987	1,062	21.00
22.00	Unit cost multiplier	11.704104	1.595014	0.151988	300.172043	64.074786	0.001671	22.00
Cost Center Description		PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	Reconciliation	OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	
		5.04	5.05	5.06	5A.07	5.07	5.08	
1.00	Administrative and General	0	15,040,024	0	0	1,219,632	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	2,772,322	0	2.00
3.00	Physical Therapy	0	0	0	0	560,106	0	3.00
4.00	Occupational Therapy	0	0	0	0	369,312	0	4.00
5.00	Speech Pathology	0	0	0	0	95,383	0	5.00
6.00	Medical Social Services	0	0	0	0	28,586	0	6.00
7.00	Home Health Aide	0	0	0	0	159,932	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	3,965,544	0	19.00
20.00	Total (sum of lines 1-19)	0	15,040,024	0	0	9,170,817	0	20.00
21.00	Total cost to be allocated	0	511	0	0	2,885,341	0	21.00
22.00	Unit cost multiplier	0.000000	0.000034	0.000000		0.314622	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150021
HHA CCN: 157423

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

Worksheet H-2
Part II
Date/Time Prepared: 5/27/2015 11:00 am
PPS

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	7.01	8.00	9.00	10.00	
1.00	Administrative and General	0	17,229	17,229	0	17,229	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	17,229	17,229	0	17,229	0	20.00
21.00	Total cost to be allocated	0	154,244	178,658	0	136,636	0	21.00
22.00	Unit cost multiplier	0.000000	8.952580	10.369609	0.000000	7.930582	0.000000	22.00
Cost Center Description		KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)	CAFETERIA (NUMBER OF PERSONNEL)	PREADMITTS AND ER (MEALS PREADMITTS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG FTE)	
		10.01	10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	12	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	12	20.00
21.00	Total cost to be allocated	0	0	0	0	0	4,423	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	368.583333	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150021
HHA CCN: 157423

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2015 11:00 am
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		14.00	15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	1,593,816	0	0	0	350	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	1,593,816	0	0	0	350	20.00
21.00	Total cost to be allocated	0	1,338,095	0	0	0	21,597	21.00
22.00	Unit cost multiplier	0.000000	0.839554	0.000000	0.000000	0.000000	61.705714	22.00

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
		17.00	17.01	19.00	20.00	21.00	22.00	
1.00	Administrative and General	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	0	0	0	20.00
21.00	Total cost to be allocated	0	0	0	0	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150021
HHA CCN: 157423

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

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2015 11:00 am
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Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	PARAMED ED RADIOLOGY (PERCENTAGE %)	PARAMED ED PHARMACY (COSTED REQUIS.)		
		23.00	23.01	23.02		
1.00	Administrative and General	0	0	1,593,816		1.00
2.00	Skilled Nursing Care	0	0	0		2.00
3.00	Physical Therapy	0	0	0		3.00
4.00	Occupational Therapy	0	0	0		4.00
5.00	Speech Pathology	0	0	0		5.00
6.00	Medical Social Services	0	0	0		6.00
7.00	Home Health Aide	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	0	1,593,816		20.00
21.00	Total cost to be allocated	0	0	20,504		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.012865		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/27/2015 11:00 am		
				HHA CCN: 157423	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	4,850,079		4,850,079	29,317	165.44	1.00
2.00	Physical Therapy	3.00	979,886	0	979,886	6,673	146.84	2.00
3.00	Occupational Therapy	4.00	646,099	0	646,099	2,620	246.60	3.00
4.00	Speech Pathology	5.00	166,870	0	166,870	924	180.60	4.00
5.00	Medical Social Services	6.00	50,010		50,010	838	59.68	5.00
6.00	Home Health Aide	7.00	279,795		279,795	4,462	62.71	6.00
7.00	Total (sum of lines 1-6)		6,972,739	0	6,972,739	44,834		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care		23060	0	6,176			8.00
8.01	Skilled Nursing Care		99915	0	3,703			8.01
8.02	Skilled Nursing Care		21140	0	5			8.02
9.00	Physical Therapy		23060	0	1,792			9.00
9.01	Physical Therapy		99915	0	962			9.01
9.02	Physical Therapy		21140	0	1			9.02
10.00	Occupational Therapy		23060	0	672			10.00
10.01	Occupational Therapy		99915	0	391			10.01
10.02	Occupational Therapy		21140	0	1			10.02
11.00	Speech Pathology		23060	0	266			11.00
11.01	Speech Pathology		99915	0	91			11.01
11.02	Speech Pathology		21140	0	1			11.02
12.00	Medical Social Services		23060	0	200			12.00
12.01	Medical Social Services		99915	0	94			12.01
12.02	Medical Social Services		21140	0	0			12.02
13.00	Home Health Aide		23060	0	775			13.00
13.01	Home Health Aide		99915	0	648			13.01
13.02	Home Health Aide		21140	0	0			13.02
14.00	Total (sum of lines 8-13)			0	15,778			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 ÷ col. 4)								
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	0	9,884		0	1,635,209		1.00
2.00	Physical Therapy	0	2,755		0	404,544		2.00
3.00	Occupational Therapy	0	1,064		0	262,382		3.00
4.00	Speech Pathology	0	358		0	64,655		4.00
5.00	Medical Social Services	0	294		0	17,546		5.00
6.00	Home Health Aide	0	1,423		0	89,236		6.00
7.00	Total (sum of lines 1-6)	0	15,778		0	2,473,572		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150021	Period: From 01/01/2014	Worksheet H-3
		HHA CCN: 157423	To 12/31/2014	Part I Date/Time Prepared: 5/27/2015 11:00 am
		Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	0	0	0				15.00
16.00	Cost of Drugs		0	0		0		16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,635,209						1.00
2.00	Physical Therapy	404,544						2.00
3.00	Occupational Therapy	262,382						3.00
4.00	Speech Pathology	64,655						4.00
5.00	Medical Social Services	17,546						5.00
6.00	Home Health Aide	89,236						6.00
7.00	Total (sum of lines 1-6)	2,473,572						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150021 HHA CCN: 157423	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.550777	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
1.02	Physical Therapy 2	66.02	0.000000	0	0	col. 2, line 2.02	1.02
2.00	Occupational Therapy	67.00	0.337879	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.289162	0	0	col. 2, line 4.00	3.00
3.01	Speech Pathology 1	68.01	0.442434	0	0	col. 2, line 4.01	3.01
4.00	Cost of Medical Supplies	71.00	0.355533	0	0	col. 2, line 15.00	4.00
4.01	Cost of Medical Supplies 1	71.01	0.043750	0	0	col. 2, line 15.01	4.01
5.00	Cost of Drugs	73.00	0.352466	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150021 HHA CCN: 157423	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2015 11:00 am
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	2,797,176	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	2,797,176	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	2,797,176	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,287,965
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	52,923
13.00	Total PPS Reimbursement - LUPA Episodes		0	56,024
14.00	Total PPS Reimbursement - PEP Episodes		0	23,696
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,420,608
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,420,608
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,420,608
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,420,608
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,420,608
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		0	2,420,608
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 150021
HHA CCN: 157423

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

Worksheet H-5
Date/Time Prepared:
5/27/2015 11:00 am
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,420,608	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,420,608	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,420,608	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151552

To 12/31/2014

Date/Time Prepared: 5/27/2015 11:00 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	105,130	35,744	0	0	0	5.00
6.00	Administrative and General	162,781	55,346	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	915,300	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	80,869	27,495	0	24,522	0	9.00
10.00	Nursing Care	2,052,713	697,923	119,466	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	5,002	1,701	1,280	0	0	12.00
13.00	Occupational Therapy	641	218	329	0	0	13.00
14.00	Speech/ Language Pathology	914	311	288	0	0	14.00
15.00	Medical Social Services	0	153,048	18,954	0	0	15.00
16.00	Spiritual Counseling	160,892	54,703	18,409	0	0	16.00
17.00	Dietary Counseling	3,387	1,152	654	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	742,836	99,517	75,327	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	82,043	27,893	19,780	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	15,060	0	27.00
28.00	Imaging Services	0	0	0	2,526	0	28.00
29.00	Labs and Diagnostics	0	0	0	795	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	49,223	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	545,177	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,397,208	1,155,051	254,487	1,552,603	0	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K

Hospice CCN: 151552

To 12/31/2014

Date/Time Prepared: 5/27/2015 11:00 am

		Hospice I					
		Total (col. 1-5)	Reclassified	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	140,874	0	140,874	0	140,874	5.00
6.00	Administrative and General	218,127	38,846	256,973	0	256,973	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	915,300	0	915,300	0	915,300	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	132,886	19,298	152,184	0	152,184	9.00
10.00	Nursing Care	2,870,102	489,854	3,359,956	0	3,359,956	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	7,983	1,194	9,177	0	9,177	12.00
13.00	Occupational Therapy	1,188	153	1,341	0	1,341	13.00
14.00	Speech/ Language Pathology	1,513	218	1,731	0	1,731	14.00
15.00	Medical Social Services	172,002	107,420	279,422	0	279,422	15.00
16.00	Spiritual Counseling	234,004	38,395	272,399	0	272,399	16.00
17.00	Dietary Counseling	5,193	808	6,001	0	6,001	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	917,680	69,847	987,527	0	987,527	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	129,716	19,579	149,295	0	149,295	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	15,060	0	15,060	0	15,060	27.00
28.00	Imaging Services	2,526	0	2,526	0	2,526	28.00
29.00	Labs and Diagnostics	795	0	795	0	795	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	49,223	0	49,223	0	49,223	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	25,088	25,088	0	25,088	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	545,177	0	545,177	0	545,177	38.00
39.00	Total (sum of lines 1 thru 38)	6,359,349	810,700	7,170,049	0	7,170,049	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151552

To 12/31/2014

Date/Time Prepared: 5/27/2015 11:00 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	420,176	1,632,537	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	450,140	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	450,140	420,176	1,632,537	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K-1

Hospice CCN: 151552

To 12/31/2014

Date/Time Prepared: 5/27/2015 11:00 am

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	105,130	5.00
6.00	Administrative and General		0	162,781	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	80,869	9.00
10.00	Nursing Care		0	2,052,713	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	5,002	0	0	12.00
13.00	Occupational Therapy	641	0	0	13.00
14.00	Speech/ Language Pathology	914	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	160,892	16.00
17.00	Dietary Counseling		0	3,387	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		292,696	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	82,043	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	6,557	292,696	595,102	3,397,208

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 150021 Hospice CCN: 151552		Period: From 01/01/2014 To 12/31/2014		Worksheet K-2 Date/Time Prepared: 5/27/2015 11:00 am	
		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	142,860	555,063	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	153,048	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	153,048	142,860	555,063	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K-2

Hospice CCN: 151552

To 12/31/2014

Date/Time Prepared: 5/27/2015 11:00 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	35,744	35,744	5.00
6.00	Administrative and General		0	55,346	55,346	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	27,495	27,495	9.00
10.00	Nursing Care		0	0	697,923	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	1,701	0	0	1,701	12.00
13.00	Occupational Therapy	218	0	0	218	13.00
14.00	Speech/ Language Pathology	311	0	0	311	14.00
15.00	Medical Social Services		0	0	153,048	15.00
16.00	Spiritual Counseling		0	54,703	54,703	16.00
17.00	Dietary Counseling		0	1,152	1,152	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		99,517	0	99,517	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	27,893	27,893	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,230	99,517	202,333	1,155,051	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150021	Period: From 01/01/2014	Worksheet K-3
		Hospice CCN: 151552	To 12/31/2014	Date/Time Prepared: 5/27/2015 11:00 am

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet K-3
		Hospice CCN: 151552		Date/Time Prepared: 5/27/2015 11:00 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	915,300	915,300	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	24,522	24,522	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	15,060	15,060	27.00
28.00	Imaging Services		0	2,526	2,526	28.00
29.00	Labs and Diagnostics		0	795	795	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	49,223	49,223	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	545,177	545,177	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,552,603	1,552,603	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151552

To 12/31/2014

Part I
Date/Time Prepared:
5/27/2015 11:00 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	140,874	0	0	0	0	5.00
6.00	Administrative and General	256,973	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	915,300	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	152,184	0	0	0	0	9.00
10.00	Nursing Care	3,359,956	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	9,177	0	0	0	0	12.00
13.00	Occupational Therapy	1,341	0	0	0	0	13.00
14.00	Speech/ Language Pathology	1,731	0	0	0	0	14.00
15.00	Medical Social Services	279,422	0	0	0	0	15.00
16.00	Spiritual Counseling	272,399	0	0	0	0	16.00
17.00	Dietary Counseling	6,001	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	987,527	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	149,295	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	15,060	0	0	0	0	27.00
28.00	Imaging Services	2,526	0	0	0	0	28.00
29.00	Labs and Diagnostics	795	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	49,223	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	25,088	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	545,177	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	7,170,049	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet K-4 Part I Date/Time Prepared: 5/27/2015 11:00 am		
		Hospice I				
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
	5.00	5A	6.00	7.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.				1.00	
2.00	Capital Related Costs-Movable Equip.				2.00	
3.00	Plant Operation and Maintenance				3.00	
4.00	Transportation - Staff				4.00	
5.00	Volunteer Service Coordination	0			5.00	
6.00	Administrative and General	0	256,973	256,973	6.00	
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	915,300	34,731	950,031	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	152,184	5,775	157,959	9.00
10.00	Nursing Care	0	3,359,956	127,494	3,487,450	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	9,177	348	9,525	12.00
13.00	Occupational Therapy	0	1,341	51	1,392	13.00
14.00	Speech/ Language Pathology	0	1,731	66	1,797	14.00
15.00	Medical Social Services	0	279,422	10,603	290,025	15.00
16.00	Spiritual Counseling	0	272,399	10,336	282,735	16.00
17.00	Dietary Counseling	0	6,001	228	6,229	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	987,527	37,472	1,024,999	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	149,295	5,665	154,960	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	15,060	571	15,631	27.00
28.00	Imaging Services	0	2,526	96	2,622	28.00
29.00	Labs and Diagnostics	0	795	30	825	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	49,223	1,868	51,091	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	25,088	952	26,040	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	545,177	20,687	565,864	38.00
39.00	Total (sum of lines 1 thru 38)	0	7,029,175		7,029,175	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K-4

Hospice CCN: 151552

To 12/31/2014

Part II
Date/Time Prepared:
5/27/2015 11:00 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150021

Period:

Worksheet K-4

Hospice CCN: 151552

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

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-256,973	6,772,202	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	915,300	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	152,184	9.00
10.00	Nursing Care	0	3,359,956	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	9,177	12.00
13.00	Occupational Therapy	0	1,341	13.00
14.00	Speech/ Language Pathology	0	1,731	14.00
15.00	Medical Social Services	0	279,422	15.00
16.00	Spiritual Counseling	0	272,399	16.00
17.00	Dietary Counseling	0	6,001	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	987,527	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	149,295	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	15,060	27.00
28.00	Imaging Services	0	2,526	28.00
29.00	Labs and Diagnostics	0	795	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	49,223	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	25,088	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	545,177	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		256,973	39.00
40.00	Unit Cost Multiplier		0.037945	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	5.01	
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	950,031	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	157,959	0	0	0	0	4.00
5.00	Nursing Care	3,487,450	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,525	0	0	0	0	7.00
8.00	Occupational Therapy	1,392	0	0	0	0	8.00
9.00	Speech/ Language Pathology	1,797	0	0	0	0	9.00
10.00	Medical Social Services	290,025	0	0	0	0	10.00
11.00	Spiritual Counseling	282,735	0	0	0	0	11.00
12.00	Dietary Counseling	6,229	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	1,024,999	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	154,960	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	15,631	0	0	0	0	22.00
23.00	Imaging Services	2,622	0	0	0	0	23.00
24.00	Labs and Diagnostics	825	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	51,091	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	26,040	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	565,864	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,029,175	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		DATA PROCESSING 5.02	MATERIALS MANAGEMENT 5.03	PATIENT SERVICES 5.04	PATIENT ACCOUNTING 5.05	AMBULATORY SVCS ADMIN 5.06	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		Subtotal	OTHER A&G	CAREW MEDICAL PARK ADMIN	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5A.06	5.07	5.08	6.00	7.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	950,031	329,925	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	157,959	54,856	0	0	0	4.00
5.00	Nursing Care	3,487,450	1,211,111	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,525	3,308	0	0	0	7.00
8.00	Occupational Therapy	1,392	483	0	0	0	8.00
9.00	Speech/ Language Pathology	1,797	624	0	0	0	9.00
10.00	Medical Social Services	290,025	100,719	0	0	0	10.00
11.00	Spiritual Counseling	282,735	98,188	0	0	0	11.00
12.00	Dietary Counseling	6,229	2,163	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	1,024,999	355,960	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	154,960	53,814	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	15,631	5,428	0	0	0	22.00
23.00	Imaging Services	2,622	911	0	0	0	23.00
24.00	Labs and Diagnostics	825	287	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	51,091	17,743	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	26,040	9,043	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	565,864	196,512	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,029,175	2,441,075	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		FACILITY ENGINEERING 7.01	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	KITCHEN-NO CONNECT W/CAFE 10.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		CAFETERIA	PREADMITS AND ER	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		10.02	10.03	11.00	12.00	13.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		CENTRAL SERVICES & SUPPLY	PHARMACY	OUTPATIENT PHARMACY	IV SOLUTIONS	MED SURG SUPPLY	
		14.00	15.00	15.01	15.02	15.03	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Hospice I						
	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	REHAB ADMIN	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL		
	16.00	17.00	17.01	19.00	20.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	PARAMED RADIOLOGY	PARAMED PHARMACY	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		APPRV	APPRV				
		21.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part I
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)	
		24.00	25.00	26.00	27.00	28.00	
1.00	Administrative and General	0					1.00
2.00	Inpatient - General Care	1,279,956	0	1,279,956	0	1,279,956	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	212,815	0	212,815	0	212,815	4.00
5.00	Nursing Care	4,698,561	0	4,698,561	0	4,698,561	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	12,833	0	12,833	0	12,833	7.00
8.00	Occupational Therapy	1,875	0	1,875	0	1,875	8.00
9.00	Speech/ Language Pathology	2,421	0	2,421	0	2,421	9.00
10.00	Medical Social Services	390,744	0	390,744	0	390,744	10.00
11.00	Spiritual Counseling	380,923	0	380,923	0	380,923	11.00
12.00	Dietary Counseling	8,392	0	8,392	0	8,392	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	1,380,959	0	1,380,959	0	1,380,959	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	208,774	0	208,774	0	208,774	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	21,059	0	21,059	0	21,059	22.00
23.00	Imaging Services	3,533	0	3,533	0	3,533	23.00
24.00	Labs and Diagnostics	1,112	0	1,112	0	1,112	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	68,834	0	68,834	0	68,834	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	35,083	0	35,083	0	35,083	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	762,376	729,579	1,491,955	0	1,491,955	33.00
34.00	Total (sum of lines 1 thru 33) (2)	9,470,250	729,579	10,199,829		10,199,829	34.00
35.00	Unit Cost Multiplier (see instructions)				0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

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

Worksheet K-5

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHONES)	DATA PROCESSING (TIME SPENT)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	588,347	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

From 01/01/2014

To 12/31/2014

Worksheet K-5

Part II

Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I				Reconciliation	
		MATERIALS MANAGEMENT (COSTED REQUIREMENT)	PATIENT SERVICES (INPATIENT REVENUE)	PATIENT ACCOUNTING (GROSS REVENUE)	AMBULATORY SVCS ADMIN (FTES)	5A.07	
		5.03	5.04	5.05	5.06	5A.07	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	358	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

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

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		OTHER A&G (ACCUM COST)	CAREW MEDICAL PARK ADMIN (DIRECT EXPENSES)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	FACILITY ENGINEERING (SQUARE FEET)	
		5.07	5.08	6.00	7.00	7.01	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	950,031	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	157,959	0	0	0	0	4.00
5.00	Nursing Care	3,487,450	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	9,525	0	0	0	0	7.00
8.00	Occupational Therapy	1,392	0	0	0	0	8.00
9.00	Speech/ Language Pathology	1,797	0	0	0	0	9.00
10.00	Medical Social Services	290,025	0	0	0	0	10.00
11.00	Spiritual Counseling	282,735	0	0	0	0	11.00
12.00	Dietary Counseling	6,229	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	1,024,999	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	154,960	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	15,631	0	0	0	0	22.00
23.00	Imaging Services	2,622	0	0	0	0	23.00
24.00	Labs and Diagnostics	825	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	51,091	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	26,040	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	565,864	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	7,029,175	0	0	0	0	34.00
35.00	Total cost to be allocated	2,441,075	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.347278	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Period:

Worksheet K-5

Hospice CCN: 151552

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

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Hospice I					CAFETERIA (NUMBER OF PERSONNEL)	
	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	KITCHEN-NO CONNECT W/CAFE (MEALS SERVED)			
	8.00	9.00	10.00	10.01	10.02		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

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

Worksheet K-5

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Hospice I						
	PREADMITS AND ER (MEALS PREADMITS)	CAFETERIA (MEALS FTES)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING FTE)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)		
	10.03	11.00	12.00	13.00	14.00		
1.00 Administrative and General	0	0	0	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00	
35.00 Total cost to be allocated	0	0	0	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

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

Worksheet K-5

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		PHARMACY (COSTED REQUIS.)	OUTPATIENT PHARMACY (PERCENTAGE 1)	IV SOLUTIONS (PERCENTAGE 2)	MED SURG SUPPLY (PERCENTAGE 3)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		15.00	15.01	15.02	15.03	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00	Total cost to be allocated	0	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

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

Worksheet K-5

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description	Hospice I					INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	SOCIAL SERVICE (TIME SPENT)	REHAB ADMIN (PERCENTAGE 4)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)			
	17.00	17.01	19.00	20.00	21.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150021

Hospice CCN: 151552

Period:

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

Worksheet K-5

Part II
Date/Time Prepared:
5/27/2015 11:00 am

Cost Center Description		Hospice I					
		INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED RADIOLOGY (PERCENTAGE %)	PARAMED PHARMACY (COSTED REQUIS.)		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)					
		22.00	23.00	23.01	23.02		
1.00	Administrative and General	0	0	0	0		1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	0	0		34.00
35.00	Total cost to be allocated	0	0	0	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet K-5 Part III Date/Time Prepared: 5/27/2015 11:00 am	
		Hospice CCN: 151552	Hospice I		
Cost Center Description	Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.550777	0	1.00
1.01	TRANSITIONAL THERAPY	66.01	0.000000	0	1.01
1.02	PV REHAB OUTREACH	66.02	0.000000	0	1.02
2.00	OCCUPATIONAL THERAPY	67.00	0.337879	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.289162	0	3.00
3.01	NEURO REHAB	68.01	0.442462	0	3.01
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.352466	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.149439	0	6.00
6.01	ANATOMICAL PATHOLOGY	60.01	0.276022	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.355533	0	7.00
7.01	COST OF SOLUTIONS	71.01	0.043750	0	7.01
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.197602	0	9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00			10.00
10.97	CARDIAC REHABILITATION	76.97	0.000000	0	10.97
10.98	HYPERBARIC OXYGEN THERAPY	76.98	0.000000	0	10.98
10.99	LI THOTRIPSY	76.99	0.000000	0	10.99
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150021

Period: From 01/01/2014

Worksheet K-6

Hospice CCN: 151552

To 12/31/2014

Date/Time Prepared: 5/27/2015 11:00 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				8,707,874	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				36,418	2.00
3.00	Average cost per diem (line 1 divided by line 2)				239.11	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	32,257				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	7,712,971				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,268			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		303,191			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	11,512				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	2,752,634				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		250			10.00
11.00	Aggregate NF cost (line 3 times line 10)		59,778			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			2,893		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			691,745		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150021	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 11:00 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		5,091,423	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		1,152,002	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)		367.66	3.00
4.00	Number of interns & residents (see instructions)		11.51	4.00
5.00	Indirect medical education percentage (see instructions)		0.89	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		45,314	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.26	8.00
9.00	Sum of lines 7 and 8		27.83	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.80	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		295,303	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		6,584,042	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