Health Financi	ial Systems	UNION HOSPITAL,	INC.	In Lie	u of Form CMS-2552	-10
	s required by law (42 USC 13				I FORM APPROVED	
payments made	since the beginning of the	cost reporting period being	deemed overpayments (4	12 USC 1395g).	OMB NO. 0938-0050	
HOSPITAL AND H	HOSPITAL HEALTH CARE COMPLEX T SUMMARY	COST REPORT CERTIFICATION	Provider CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepare 5/27/2015 5:27 pm	
PART I - COST	REPORT STATUS					1
Provider use only	1.[X]Electronically file 2.[] Manually submitted	cost report		Date: 5/27/20		pm
	<ol> <li>3.[0] If this is an amend</li> <li>4.[F] Medicare Utilization</li> </ol>	ed report enter the number on. Enter "F" for full or "L'	of times the provider i for low.	esubmitted this c	lost report	
Contractor use only	5. [ 1 ]Cost Report Status (1) As Submitted (2) Settled without Audi (3) Settled with Audit (4) Reopened (5) Amended	6.Date Received: 7.Contractor No. t 8.[ N ] Initial Report for 9.[ N ]Final Report for t	this Provider CCN12.	IPR Date: Contractor's Vendo 0 ]If line 5, co number of tim	or Code: Numn 1 is 4: Enter les reopened = 0-9.	<b>;</b>
ADMINISTRATIVE PROVIDED OR PR	I TIFICATION TION OR FALSIFICATION OF ANY E ACTION, FINE AND/OR IMPRIS ROCURED THROUGH THE PAYMENT I E ACTION, FINES AND/OR IMPRI	ONMENT UNDER FEDERAL LAW. F DIRECTLY OR INDIRECTLY OF A	URTHERMORE, IF SERVICE	S IDENTIFIED IN T	HIS REPORT WERE	ŧ
	CERTIFICATION BY OFFICER	OR ADMINISTRATOR OF PROVIDE	R(S)			
electr Expens ending comple	EBY CERTIFY that I have read ronically filed or manually ses prepared by UNION HOSPIT. g 12/31/2014 and to the best ete and prepared from the bot as noted. I further certi	submitted cost report and th AL, INC. ( 150023 ) for the of my knowledge and belief, oks and records of the provi	ne Balance Sheet and St cost reporting period this report and state der in accordance with	atement of Revenu beginning 09/01/2 ment are true, co a applicable instr	ue and 2014 and orrect, ructions,	

Encryption Information
ECR: Date: 5/27/2015 Time: 5:27 pm XGD1VMtdiAvRktT2VVOJUHUA4bpDs0 emtW:OgDlGGfaT8ps1yc38Qx1tudDD RGCq19EXvo0oITK3 PI: Date: 5/27/2015 Time: 5:27 pm Ub.xy.PNVw3D1b:2zRI55nf13XXm10 Ls3BNOrG4LLEFNHStLma5mEgWjQmxP due:01doB80iuf2w

laws and regulations.

Officer or Administrator

Title

Date

<u> </u>				Title	XVIII		1	
		Title V	Ċ	Part A	Part B	HIT	Title XIX	
	!	1.00	. i.	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY								
1.00 Hospital	ĺ		0	364,715	110,127	0	-149,526	1.00
2.00 Subprovider - IPF	ĺ		0	0	0	ļ	0	2.00
3.00 Subprovider - IRF			0	9,354	0		0	3.00
5.00 Swing bed - SNF			0	0	0	!	0	5.00
6.00 Swing bed - NF			0			i	0	6.00
200.00 Total			0	374,069	110,127	0	-149,526	200.00
when the second control of the self on Raise Co			٦.,		ha alamane af	the above comple	w indicated	

health care services, and that the services identified in this cost report were provided in compliance with such

(Signed)

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.

INC. Health Financial Systems UNI ON HOSPI TAL, In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150023 Peri od: Worksheet S-2 From 09/01/2014 Part I 12/31/2014 Date/Time Prepared: 5/27/2015 5: 27 pm 3.00 4.00 Hospital and Hospital Health Care Complex Address: Street: 1606 NORTH SEVENTH ST 1.00 1.00 PO Box: Ci ty: TERRE HAUTE State: IN Zi p Code: 47804-2.00 County: VIGO 2.00 Component Name CCN CBSA Provi der Date Payment System (P, T, O, or N)

/ XVIII XIX Туре Certi fi ed Number Number 1.00 2.00 3.00 4.00 5.00 6.00 | 7.00 | 8.00 Hospital and Hospital-Based Component Identification: 3.00 Hospi tal UNION HOSPITAL, INC. 150023 45460 01/01/1966 N 0 3.00 1 Subprovi der - IPF 4.00 4.00 Subprovi der - IRF 5.00 MEDICAL REHAB 15T023 45460 5 09/01/1989 N Р 0 5.00 Subprovi der - (Other) 6.00 6.00 Swing Beds - SNF 7.00 7.00 Swing Beds - NF 8.00 8.00 9.00 Hospital -Based SNF 9.00 10.00 Hospi tal -Based NF 10.00 Hospi tal -Based OLTC 11 00 11 00 12.00 Hospi tal -Based HHA 12.00 13.00 Separately Certified ASC 13.00 14.00 Hospi tal -Based Hospi ce 14.00 15.00 Hospital -Based Health Clinic - RHC 15.00 Hospital-Based Health Clinic - FQHC 16.00 16.00 17.00 Hospital -Based (CMHC) I 17.00 18.00 Renal Dialysis 18 00 19.00 Other 19.00 From To: 2. 00 1.00 20.00 Cost Reporting Period (mm/dd/yyyy) 12/31/2014 09/01/2014 20.00 Type of Control (see instructions) 21.00 Inpatient PPS Information Does this facility qualify and is it currently receiving payments for disproportionate N 22.00 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. Did this hospital receive interim uncompensated care payments for this cost reporting Ν Ν 22.01 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) Is this a newly merged hospital that requires final uncompensated care payments to be 22.02 Ν Ν 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. Did this hospital receive a geographic reclassification from urban to rural as a result Ν 22.03 Ν 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

23. 00	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.									
		In-State	In-State	Out-of	Out-of	Medi cai d	Other			
		Medicai d	Medicaid	State	State	HMO days	Medi cai d			
		paid days	el i gi bl e unpai d	Medicaid paid days	Medicaid eligible		days			
			days	para days	unpai d					
		1.00	2. 00	3. 00	4. 00	5. 00	6. 00			
	If this provider is an IPPS hospital, enter the	1, 333	639	437	139	2, 140	0	24.00		
25. 00	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. 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 eligible unpaid 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.	75	127	7	0	10		25. 00		

			TAL, INC.			n Lieu	of For		
HOSPI T	AL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DA	ATA	Provi der (		eriod: com 09/01/	/2014	Workshe Part I	et S-2	!
				To	12/31	/2014	Date/Ti 5/27/20		
				<u>'</u>	Urban/Rui			Geogr	
26. 00	Enter your standard geographic classification (not wa			ginning of the		, 1	2. (	<i>.</i>	26.00
27. 00	cost reporting period. Enter "1" for urban or "2" for Enter your standard geographic classification (not wa			d of the cost		1			27.00
	reporting period. Enter in column 1, "1" for urban or enter the effective date of the geographic reclassifi	~ "2" f	for rural. If a						
35. 00	If this is a sole community hospital (SCH), enter the			CH status in		0			35.00
	effect in the cost reporting period.				Begi nni	ng:	Endi	ng:	
24 00	Enter applicable beginning and ending dates of SCH st	tatus	Subscript Line	24 for number	1.00		2. (		36.00
	of periods in excess of one and enter subsequent date	es.	•						
37. 00	If this is a Medicare dependent hospital (MDH), enter in effect in the cost reporting period.	the r	number of period	ds MDH status		0			37.00
38. 00	Enter applicable beginning and ending dates of MDH st of periods in excess of one and enter subsequent date		Subscript line	38 for number					38.00
	or perrous in excess of one and enter subsequent date				Y/N		Υ/		
39. 00	Does this facility qualify for the inpatient hospital	payme	ent adjustment 1	for low volume	1.00 N	)	2. ( N		39.00
	hospitals in accordance with 42 CFR §412.101(b)(2)(ii or "N" for no. Does the facility meet the mileage rec								
	CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes	or "N"	for no. (see i	nstructions)					
40. 00	Is this hospital subject to the HAC program reduction "N" for no in column 1, for discharges prior to Octob				N		Y		40.00
	no in column 2, for discharges on or after October 1.					l v	XVIII	XIX	
						1.00		3.00	
45. 00	Prospective Payment System (PPS)-Capital Does this facility qualify and receive Capital paymer	nt for	di sproporti ona	te share in ac	cordance	N	Υ	N	45. 00
	with 42 CFR Section §412.320? (see instructions) Is this facility eligible for additional payment exce					N	N	l N	46.00
40.00	pursuant to 42 CFR §412.348(f)? If yes, complete Wkst					l IV	IN	IN IN	40.00
47. 00	Pt. III. Is this a new hospital under 42 CFR §412.300 PPS capi	tal?	Enter "Y for ye	es or "N" for	no.	N	N	N	47.00
48. 00	Is the facility electing full federal capital payment					N	N	N	48. 00
56. 00	Teaching Hospitals Is this a hospital involved in training residents in	approv	ved GME programs	s? Enter "Y"	for yes	Υ			56.00
57. 00	or "N" for no.  f line 56 is yes, is this the first cost reporting p	peri od	during which re	esidents in ap	proved	N			57.00
	GME programs trained at this facility? Enter "Y" for is "Y" did residents start training in the first mont								
	for yes or "N" for no in column 2. If column 2 is "\	/", com	nplete Worksheet						
58. 00	"N", complete Wkst. D, Parts III & IV and D-2, Pt. II If line 56 is yes, did this facility elect cost reimb	ourseme	ent for physicia	ans' services	as	N			58.00
59. 00	defined in CMS Pub. 15-1, § 2148? If yes, complete Wh Are costs claimed on line 100 of Worksheet A? If yes			Pt. I.		N			59.00
	Are you claiming nursing school and/or allied health	costs	for a program	that meets the		Y			60.00
	provider-operated criteria under §413.85? Enter "Y"	Y/N	IME	Direct GME	IME		Di rec	t 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	N				0. 00			61.00
	column 1. (see instructions)								
61. 01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports		0.00	0.00					61.01
	ending and submitted before March 23, 2010. (see instructions)								
61. 02	Enter the current year total unweighted primary care		0.00	0.00					61. 02
	FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of								
61 N2	ACA). (see instructions) Enter the base line FTE count for primary care		0. 00	0. 00					61.03
01.03	and/or general surgery residents, which is used for		0.00	0.00					01.03
	determining compliance with the 75% test. (see instructions)								
61. 04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the		0. 00	0.00					61.04
	current cost reporting period. (see instructions).								
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's		0.00	0. 00					61.05
	primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)								
61. 06	Enter the amount of ACA §5503 award that is being		0.00	0.00					61.06
	used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)								
	g	1	'		1	'			

Health Financial Systems HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		N HOSPITAL, ATA		CCN: 150023	Period:	u of Form CMS-2 Worksheet S-2	
HOSFITAL AND HOSFITAL HEALTH CARE COMPLEX	TELNITITEATION DA	114	FIOVICE		From 09/01/2014 To 12/31/2014	Part I	pared:
		Progra	m Name	Program Cod	e 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 specialty, if any, and the number of for each new program. (see instruct column 1, the program name, enter in program code, enter in column 3, the unweighted count and enter in column FTE unweighted count. 61.20 Of the FTEs in line 61.05, specify program specialty, if any, and the residents for each expanded program instructions) Enter in column 1, the enter in column 2, the program code 3, the IME FTE unweighted count and 4, direct GME FTE unweighted count.	f FTE residents ions) Enter in n column 2, the e IME FTE n 4, direct GME each expanded number of FTE . (see e program name, , enter in column				0. 00		61. 10
						1. 00	
ACA Provisions Affecting the Health	Resources and Se	rvices Admi	ni strati or	n (HRSA)		1.00	
62.00 Enter the number of FTE residents t	hat your hospital	trained in			eriod for which	0. 00	62.00
your hospital received HRSA PCRE fu 62.01 Enter the number of FTE residents t during in this cost reporting perio	hat rotated from a d of HRSA THC pro	a Teaching gram. (see	instructio		to your hospital	0.00	62. 01
63.00 Has your facility trained residents "Y" for yes or "N" for no in column	in nonprovider s	ettings dur	ing this c			Y	63.00
	,		,	Unwei ghted	Unwei ghted	Ratio (col.	
				FTEs Nonprovi der	FTEs in Hospital	1/ (col . 1 + col . 2))	
				Si te	nospi tai	(01. 2))	
				1. 00	2. 00	3. 00	
Section 5504 of the ACA Base Year F				-This base ye	ar is your cost	reporti ng	
period that begins on or after July 64.00 Enter in column 1, if line 63 is ye in the base year period, the number resident FTEs attributable to rotat settings. Enter in column 2 the nu resident FTEs that trained in your of (column 1 divided by (column 1 +	s, or your facili of unweighted no ions occurring in mber of unweighte hospital. Enter i column 2)). (see	ty trained n-primary c all nonpro d non-prima n column 3 <u>instructio</u>	residents are vider ry care the ratio ns)	0.0			64. 00
	Program Name	Progra	m Code	Unwei ghted FTEs Nonprovi der Si te	FTEs in	Ratio (col. 3/ (col. 3 + col. 4))	
	1. 00	2.	00	3. 00	4.00	5. 00	
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)	FAMILY MEDICINE	1201711131		0. '	91 20. 14	0.043230	65.00

Health Financial Systems UNI ON HOSPI TAL, INC. In Lieu of Form CMS-2552-10 HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA Provi der CCN: 150023 Peri od: Worksheet S-2 From 09/01/2014 Part I Date/Time Prepared: 12/31/2014 5/27/2015 5: 27 pm Unwei ghted Unwei ghted Ratio (col. 1/ (col. 1 + FTEs FTEs in Nonprovi der Hospi tal col. 2)) Si te 1.00 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 0.00 0.00 0.000000 66.00 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) Program Name Program Code Unwei ghted Unwei ghted Ratio (col. FTEs in **FTEs** 3/(col. 3 +Nonprovi der Hospi tal col. 4)) Si te 1.00 2.00 3.00 4.00 5.00 67.00 Enter in column 1, the program UH FAMILY MEDICINE 1201711131 0. 81 6. 21 0. 115385 67. 00 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) 1.00 2.00 3.00 Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? 70.00 Enter "Y" for yes or "N" for no. If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most 0 71.00 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)
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. 75.00 Υ 76.00 If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most Ν 0 76.00 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) 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. 80 00 N Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter 81.00 N 'Y" for yes and "N" for no. 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 86.00 §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.

, INC.	In I	Lieu of Form (	CMS-2552-10
	From 09/01/20	014 Date/Time	Prepared:
	V		5: 27 pm
	1.00	2.00	
services? Enter "Y" f	or N	Y	90.00
e cost report either i able column.	n N	N	91.00
e column.		N	92.00
			93.00
			94. 00 0. 00 95. 00
or "N" for no in the	N	N N	96.00
cable column.	0	. 00	0.00 97.00
? nclusive method of pay	ment N		105. 00 106. 00
n column 1. (see		N	107. 00
2, Pt. II. Column 2: on program train in t	lf he		
NA fee schedule? See	42 N		108.00
Physical Occupation 1.00 2.00	onal Speech 3.00	Respirato 4.00	ory
N N	N	N	109.00
		1 00	
Demonstration project or no.	(410A Demo)for		110.00
		1.00   2.00   3.	. 00
f column 2 is "E", en for long term care (i	ter in column ncludes	N	0 115.00
or yes or "N" for no. ace? Enter "Y" for yes	or "N" for	Y	116. 00 117. 00
y? Enter 1 if the pol	icy is	1	118.00
Premi um	ns Losses	Insuranc	ce
1.00	2.00	3.00	0110 01
161	, 957	0	0118.01
enter other than the	1. 00 N	2.00	118. 02
Ü		N	119.00 120.00
column 1, "Y" for yes	or		120.00
able devices charged	to Y		121. 00
yes and "N" for no. I	f N		125. 00
yes and "N" for no. I			125. 00 126. 00
	services? Enter "Y" for cost report either is able column. certification)? (see e column. title V and XIX? Enter do "N" for no in the cable column.  "N" for no in the cable column.  "Clusive method of pay for cost reimbursement column 1. (see a. B., Pt. II. Column 2. On program train in the for no in column 2.  NA fee schedule? See Physical Occupation 1.00 2.00 N  Demonstration project no.  "" for no in column 1 for long term care (in based on the definital or yes or "N" for no. ce? Enter "Y" for yes yes the properties of the column 1. "Y" for yes if its for instructions)  The column 1, "Y" for yes if its for the cuttons of the cell o	Provider CCN: 150023   Period: From 09/01/20   To 12/31/20	Provider CCN: 150023

Health Financial Systems	UNION HOSPI	TAL, INC.			In Lie	u of Form CMS	-2552-10
HOSPITAL AND HOSPITAL HEALTH CARE COMPLE		Provi der (	CCN: 150023			Worksheet S-	
					9/01/2014 2/31/2014		renared:
				10 12	27 3 17 20 14	5/27/2015 5:	
					1. 00	2.00	
128.00  f this is a Medicare certified li			ication da				128. 00
in column 1 and termination date,							120.00
129.00  f this is a Medicare certified   L   column 1 and termination date, if		er the certific	cation dat	e in			129.00
130.00 If this is a Medicare certified pa	ncreas transplant center,	enter the cer	ti fi cati on				130.00
date in column 1 and termination of			onti fi onti				121 00
131.00  f this is a Medicare certified ir date in column 1 and termination o			ertiiicati	On			131.00
132.00 <mark>lf this is a Medicare certified is</mark>	let transplant center, er	nter the certifi	ication da	te			132.00
in column 1 and termination date,			lootion da	+-			122.00
133.00  If this is a Medicare certified ot in column 1 and termination date,			ication da	te			133.00
134.00 If this is an organ procurement or	ganization (OPO), enter t		in column	1			134.00
and termination date, if applicabl	e, in column 2.						
All Providers 140.00 Are there any related organization	or home office costs as	defined in CMS	Pub 15-1		Υ	15H043	140.00
chapter 10? Enter "Y" for yes or "					•	1011010	1.10.00
are claimed, enter in column 2 the			tions)				
1.00  If this facility is part of a chai	n organization enter on		uah 143 th	na nama an	3.00	of the home	
office and enter the home office of			ugii 145 [[				
141.00 Name: UNION HOSPITAL, INC.	Contractor's Name: WI		I ANS Contra	ctor's Nu	mber: 0810	01	141.00
142.00Street: 1606 NORTH SEVENTH ST	PO Box:	ERVI CES					142.00
143. 00 Ci ty: TERRE HAUTE	State: IN	I	Zip Co	de:	4780	04	143.00
			' '				
144 00 Are provider based physicians!	to included in Westebest	42				1.00	144.00
144.00 Are provider based physicians' cos 145.00 If costs for renal services are cl			costs for	i npati ent	servi ces	Y	144. 00 145. 00
only? Enter "Y" for yes or "N" for		, ,, a		patront			
					1.00		_
146.00 Has the cost allocation methodolog	y changed from the previo	ously filed cost	t report?		1. 00 N	2. 00	146. 00
Enter "Y" for yes or "N" for no ir				ter			1 10.00
the approval date (mm/dd/yyyy) in		"11" 6					
147.00 Was there a change in the statisti 148.00 Was there a change in the order of					N N		147. 00 148. 00
149.00Was there a change to the simplifi				for	N		149.00
no.	-		5				
		Part A 1.00	Part E 2.00		itle V 3.00	Title XIX 4.00	-
Does this facility contain a provi	der that qualifies for an						
or charges? Enter "Y" for yes or '	N" for no for each compor			B. (See 4			455.00
155. 00 Hospi tal 156. 00 Subprovi der  -  I PF		N N	N N		N N	N N	155. 00 156. 00
157.00 Subprovider - IRF		N N	N		N	N	157. 00
158. 00 SUBPROVI DER							158.00
159.00 SNF 160.00 HOME HEALTH AGENCY		N N	N N		N N	N N	159. 00 160. 00
161.00 CMHC		IN	N		N	N N	161.00
Mul ti campus						1.00	
Multicampus 165.00 s this hospital part of a Multica	mpus hospital that has or	ne or more campi	uses in di	fferent C	BSAs?	N	165. 00
Enter "Y" for yes or "N" for no.	pub Heepi tur that has en						1.00.00
	Name	County		Zip Code	CBSA	FTE/Campus	_
66.00 If line 165 is yes, for each	0	1. 00	2.00	3. 00	4. 00	5. 00	00 166. 00
campus enter the name in column							
O, county in column 1, state in							
column 2, zip code in column 3, CBSA in column 4, FTE/Campus in							
column 5 (see instructions)							
(222 (1021 000)							
Usal the Lacourt and the Court	N	D-	-l D-'			1. 00	
Health Information Technology (HIT 67.00 Is this provider a meaningful user	) incentive in the Americ	Enter "V" for	u keinvest	ment Act		Y	167. 00
68.00 If this provider is a CAH (line 10					r the	'	0168.00
reasonable cost incurred for the H	IIT assets (see instructio	ons)					
69.00 If this provider is a meaningful ι	ser (line 167 is "Y") and	ııs not a CAH (	(line 105	ıs "N"), (	enter the	0. 7	75 169. 00
transition factor. (see instruction	nc)						

Health Financial Systems	UNI ON HOSPI TAL,	I NC.	In Lieu	2552-10			
HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDE	ENTIFICATION DATA	Provi der CCN: 150023	Peri od:	Worksheet S-2			
			From 09/01/2014				
			To 12/31/2014				
				5/27/2015 5: 2	7 pm		
	Begi nni ng						
			1. 00	2. 00			
170.00 Enter in columns 1 and 2 the EHR beginn period respectively (mm/dd/yyyy)	12/31/2014	170. 00					
				1. 00			
171.00 If line 167 is "Y", does this provider				N	171. 00		
Medicare cost plans reported on Wkst. S (see instructions)	S-3, Pt. I, line 2, col.	6? Enter "Y" for yes a	nd "N" for no.				

	inancial Systems . AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	UNION HOSPITAL, INC.  STIONNAIRE Provider		eriod: rom 09/01/2014	eu of Form CMS- Worksheet S- Part II	
			To			
				Y/N 1. 00	Date	
Ge	eneral Instruction: Enter Y for all YES resp	oonses. Enter N for all NO re	esponses. Enter		2.00 the	
	n/dd/yyyy format. DMPLETED BY ALL HOSPITALS					
Pr	rovider Organization and Operation					
	as the provider changed ownership immediate eporting period? If yes, enter the date of			N		1
11,	eporting period: IT yes, enter the date of	the change in corumn 2. (3cc	Y/N	Date	V/I	
00 Ha	as the provider terminated participation in	the Medicare Program? If	1. 00 N	2. 00	3. 00	2
y.	es, enter in column 2 the date of termination		14			1
	oluntary or "I" for involuntary. s the provider involved in business transac	tions including management	Υ			3
C	ontracts, with individuals or entities (e.g	., chain home offices, drug	·			
	r medical supply companies) that are relate fficers, medical staff, management personne					
01	f directors through ownership, control, or					
re	elationships? (see instructions)		Y/N	Type	Date	
			1.00	2. 00	3. 00	
	nancial Data and Reports olumn 1: Were the financial statements pre	parod by a Cortified Public	Υ	A		
	ccountant? Column 2: If yes, enter "A" for		1	A		1
	r "R" for Reviewed. Submit complete copy or olumn 3. (see instructions) If no, see inst					
	re the cost report total expenses and total		N			
tl	hose on the filed financial statements? If	yes, submit reconciliation.		Y/N	Logal Open	
				1. 00	Legal Oper. 2.00	
	oproved Educational Activities olumn 1: Are costs claimed for nursing sch	ool 2 Column 2: If you is t	no providor is	N	1	┦ ,
	he legal operator of the program?	oor? Corumii 2. Tr yes, is ti	ne provider is	IN		'
	re costs claimed for Allied Health Programs ere nursing school and/or allied health pro		d during the	Y N		
	ost reporting period? If yes, see instruction		a durring the	IN		}
	re costs claimed for Intern-Resident programes, see instructions.	ms claimed on the current co	st report? If	Υ		(
	es, see fistidetions. as an Intern-Resident program been initiate	d or renewed in the current (	cost reporting	N		10
	eriod? If yes, see instructions. re GME cost directly assigned to cost cente	re other than I & D in an An	oroved	N		1
	eaching Program on Worksheet A? If yes, see		or oved	IN		
					1. 00	
_	ad Debts					
	s the provider seeking reimbursement for ba f line 12 is yes, did the provider's bad de			st reporting	Y N	12
	eriod? If yes, submit copy.	bt correction porrey change t	during this cos	st reporting	Į į	
	f line 12 is yes, were patient deductibles a ed Complement	and/or co-payments waived? I	fyes, see inst	ructi ons.	N	14
	id total beds available change from the pri	or cost reporting period? If	yes, see instr	ructions.	Y	15
		Description	Par Y/N	t A Date	Part B Y/N	
		0	1.00	2. 00	3.00	
	S&R Data as the cost report prepared using the PS&R		Υ	03/17/2015	Υ	16
	eport only? If either column 1 or 3 is yes,		1	03/17/2013	1	"
	nter the paid-through date of the PS&R eport used in columns 2 and 4 .(see					
	nstructions)					
	as the cost report prepared using the PS&R eport for totals and the provider's records		N		N	17
	or allocation? If either column 1 or 3 is					
ye	es, enter the paid-through date in columns					
	and 4. (see instructions) f line 16 or 17 is yes, were adjustments		N		N	18
ma	ade to PS&R Report data for additional					
	laims that have been billed but are not ncluded on the PS&R Report used to file					
tl	his cost report? If yes, see instructions.		N			
	f line 16 or 17 is yes, were adjustments ade to PS&R Report data for corrections of		N		N	19
0	ther PS&R Report information? If yes, see					
	nstructions. f line 16 or 17 is yes, were adjustments		N		N	20
()()			l '*		1 '*	ا د
ma	ade to PS&R Report data for Other? Describe he other adjustments:					

	Financial Systems AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	UNI ON HOSPI TAL,	_	CCN: 150023	In Lie	u of Form CMS Worksheet S		
					From 09/01/2014 To 12/31/2014	Part II Date/Time P 5/27/2015 5	repared:	
			•	Pa	art A	Part B		
		Description	on	Y/N	Date	Y/N		
	I	0		1. 00	2.00	3. 00		
21. 00	Was the cost report prepared only using the provider's records? If yes, see instructions.			N		N	21. 00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPI Capital Related Cost	TALS ONLY (EXCEPT (	CHI LDRENS 1	HOSPI TALS)				
22.00	Have assets been relifed for Medicare purpose	es? If yes, see in	structi ons			N	22. 00	
23. 00	Have changes occurred in the Medicare deprec reporting period? If yes, see instructions.			sals made dur	ing the cost	N	23. 00	
24. 00	Were new leases and/or amendments to existing If yes, see instructions	g Leases entered i	nto during	this cost re	porting period?	N	24. 00	
25. 00	Have there been new capitalized leases enter- instructions.	ed into during the	cost repoi	rting period?	'If yes, see	N	25. 00	
26. 00	Were assets subject to Sec. 2314 of DEFRA acq	uired during the c	ost reporti	ing period? I	f yes, see	N	26. 00	
27. 00	<pre>instructions. Has the provider's capitalization policy chal copy.</pre>	nged during the co	st reporti	ng period? If	yes, submit	N	27. 00	
	Interest Expense							
28. 00	Were new loans, mortgage agreements or lette period? If yes, see instructions.	rs of credit enter	ed into du	ring the cost	reporting	N	28. 00	
29. 00	Did the provider have a funded depreciation at treated as a funded depreciation account? If			ebt Service R	Reserve Fund)	N	29. 00	
30. 00	Has existing debt been replaced prior to its instructions.			debt? If yes	s, see	N	30.00	
31. 00	Has debt been recalled before scheduled matu instructions.	rity without issua	nce of new	debt? If yes	s, see	N	31.00	
	Purchased Services							
32. 00	Have changes or new agreements occurred in parrangements with suppliers of services? If			ed through co	ntractual	N	32. 00	
33. 00	If line 32 is yes, were the requirements of no, see instructions.	Sec. 2135.2 applied	d pertainin	ng to competi	tive bidding? If	N	33. 00	
	Provi der-Based Physi ci ans							
34. 00	Are services furnished at the provider facilifyes, see instructions.	ity under an arran	gement with	n provi der-ba	ised physicians?	N	34. 00	
35. 00	If line 34 is yes, were there new agreements physicians during the cost reporting period?			nts with the	provi der-based	N	35. 00	
	perpending darring the dest reperting period.	11 1001 000 111011	401101101		Y/N	Date		
					1.00	2. 00		
	Home Office Costs							
36. 00	Were home office costs claimed on the cost re				Y		36.00	
37. 00	If line 36 is yes, has a home office cost stallf yes, see instructions.		,				37. 00	
38. 00	If line 36 is yes, was the fiscal year end the provider? If yes, enter in column 2 the	N		38. 00				
39. 00	If line 36 is yes, did the provider render so see instructions.	ervices to other c	nain compon	nents? If yes	i, N		39. 00	
40. 00	If line 36 is yes, did the provider render sinstructions.	ervices to the home	e office?	If yes, see	N		40. 00	
	1							

1.00

LANDON

BLUE & CO., LLC

317-713-7929

2.00

LHACKETT@BLUEANDCO. COM

41.00

42.00

43.00

HACKETT

preparer.

Cost Report Preparer Contact Information
41.00 Enter the first name, last name and the title/position

43.00 Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.

respectively.

42.00 Enter the employer/company name of the cost report

held by the cost report preparer in columns 1, 2, and 3,

	Financial Systems	UNION HOSPITAL,	I NC.	In Lieu of Form	CMS-2552-10
HOSPI T	AL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUE	STI ONNAI RE	Provider CCN: 150	From 09/01/2014 Part II To 12/31/2014 Date/Time	
		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)	03/17/2015			16. 00
17. 00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns				17.00
18. 00	2 and 4. (see instructions) 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

Cost Report Preparer Contact Information
Enter the first name, last name and the title/position
held by the cost report preparer in columns 1, 2, and 3,

42.00 Enter the employer/company name of the cost report preparer.

43.00 Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.

3.00

41.00

42. 00 43. 00

SENI OR ACCOUNTANT

41.00

respecti vel y.

Health Financial SystemsUNIONHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

						rom 09/01/2014 o 12/31/2014		
							5/27/2015 5: 2	/ pm
							I/P Days /	
							0/P Visits /	
	Campanant	Waskahaat A	No.	of Beds	Dod Dovo	CALL House	Trips Title V	
	Component	Worksheet A Line Number	INO.	or Beas	Bed Days Available	CAH Hours	ii tie v	
		1. 00		2. 00	3.00	4. 00	5. 00	
1. 00	Hospital Adults & Peds. (columns 5, 6, 7 and	30.00		191	23, 302		0.00	1. 00
1.00	8 exclude Swing Bed, Observation Bed and	30.00		171	23, 302	0.00	O	1.00
	Hospice days) (see instructions for col. 2							
	for the portion of LDP room available beds)							
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			191	23, 302	0.00	0	7. 00
	beds) (see instructions)				.,			
8.00	INTENSIVE CARE UNIT	31.00		36	4, 392	0.00	0	8.00
9.00	CORONARY CARE UNIT							9.00
10.00	BURN INTENSIVE CARE UNIT							10.00
11.00	SURGICAL INTENSIVE CARE UNIT							11.00
12.00	I NTENSI VE NURSERY	35.00		15	1, 830	0.00	0	12.00
13.00	NURSERY	43.00					0	13.00
14.00	Total (see instructions)			242	29, 524	0.00	0	14.00
15.00	CAH visits						0	15.00
16.00	SUBPROVI DER - I PF							16.00
17.00	SUBPROVI DER - I RF	41.00		22	2, 684		0	17.00
18.00	SUBPROVI DER							18.00
19. 00	SKILLED NURSING FACILITY							19.00
20.00	NURSING FACILITY							20.00
21. 00	OTHER LONG TERM CARE							21.00
22. 00	HOME HEALTH AGENCY							22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )							23.00
24. 00	HOSPI CE							24.00
24. 10	HOSPICE (non-distinct part)	30. 00						24. 10
25. 00	CMHC - CMHC							25.00
26. 00	RURAL HEALTH CLINIC							26. 00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER							26. 25
27. 00	Total (sum of lines 14-26)			264				27. 00
28. 00	Observation Bed Days						0	28. 00
29. 00	Ambul ance Tri ps							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)			8	976			32.00
32. 01	Total ancillary labor & delivery room							32. 01
22 00	outpatient days (see instructions)							33. 00
33.00	LTCH non-covered days		I					33.00

Heal th Fi nancial SystemsUNIONHOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

				''	0 12/31/2014	5/27/2015 5: 2	
		I/P Davs	/ O/P Visits	/ Trips	Full Time I	Equi val ents	
	Component	Title XVIII	Title XIX	Total All	Total Interns	Employees On	
	·			Pati ents	& Residents	Payrol I	
		6. 00	7. 00	8. 00	9. 00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and	8, 208	1, 333	15, 868			1.00
	8 exclude Swing Bed, Observation Bed and						
	Hospice days)(see instructions for col. 2						
	for the portion of LDP room available beds)						
2.00	HMO and other (see instructions)	976	3, 342				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	144				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	_			6.00
7.00	Total Adults and Peds. (exclude observation	8, 208	1, 333	15, 868			7. 00
	beds) (see instructions)						
8. 00	INTENSIVE CARE UNIT	1, 927	0	3, 220			8. 00
9. 00	CORONARY CARE UNIT						9. 00
10.00	BURN INTENSIVE CARE UNIT						10.00
11. 00	SURGICAL INTENSIVE CARE UNIT						11.00
12. 00	I NTENSI VE NURSERY	0	0				12.00
13. 00	NURSERY		0	.,			13.00
14. 00	Total (see instructions)	10, 135	1, 333		21. 00	490. 98	1
15. 00	CAH visits	0	0	0			15. 00
16. 00	SUBPROVI DER - I PF						16.00
17. 00	SUBPROVI DER - I RF	767	75	1, 243	0. 00	0.00	1
18.00	SUBPROVI DER						18.00
19. 00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22. 00	HOME HEALTH AGENCY						22.00
23. 00	AMBULATORY SURGICAL CENTER (D. P. )						23.00
24.00	HOSPI CE						24.00
24. 10	HOSPICE (non-distinct part)	0	0	0			24. 10
25. 00	CMHC - CMHC						25.00
26. 00	RURAL HEALTH CLINIC						26.00
26. 25	FEDERALLY QUALIFIED HEALTH CENTER				04.00	400.00	26. 25
27. 00	Total (sum of lines 14-26)		0	2 (00	21. 00	490. 98	•
28. 00	Observation Bed Days		0	2, 608			28.00
29. 00	Ambul ance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31. 00 32. 00	Employee discount days - IRF Labor & delivery days (see instructions)		13	0 22			31.00 32.00
32. 00 32. 01	Total ancillary labor & delivery room	ا	13	126			32.00
32. UI	outpatient days (see instructions)			120			32.01
33 UU	LTCH non-covered days	o					33.00
55.00	Eron non covered days	ı		I	I	I	1 33.00

			10	) 12/31/2014	5/27/2015 5: 2	
	Full Time Equivalents		Di sch	arges	0, 2,, 20, 0	, p
Component	Nonpai d Workers	Title V	Title XVIII	Title XIX	Total All Patients	
	11. 00	12. 00	13.00	14.00	15. 00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and		0		224	4, 514	1. 00
8 exclude Swing Bed, Observation Bed and Hospice days) (see instructions for col. 2 for the portion of LDP room available beds)						
2.00 HMO and other (see instructions)			192	592		2.00
3.00 HMO IPF Subprovider 4.00 HMO IRF Subprovider						3. 00 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						7. 00
beds) (see instructions)						7.00
8. 00 INTENSIVE CARE UNIT						8. 00
9. 00 CORONARY CARE UNIT						9. 00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12. 00   I NTENSI VE NURSERY						12.00
13. 00 NURSERY		_				13.00
14.00 Total (see instructions)	0.00	0	2, 145	224	4, 514	14.00
15.00 CAH visits						15.00
16. 00 SUBPROVI DER - I PF	0.00	0	FO	0	0/	16.00
17. 00   SUBPROVI DER - I RF 18. 00   SUBPROVI DER	0.00	0	53	٥	86	17. 00 18. 00
19. 00 SKILLED NURSING FACILITY						19.00
20. 00 NURSING FACILITY						20.00
21. 00 OTHER LONG TERM CARE						21.00
22. 00 HOME HEALTH AGENCY						22. 00
23.00 AMBULATORY SURGICAL CENTER (D. P. )						23. 00
24. 00 HOSPI CE						24.00
24.10 HOSPICE (non-distinct part)						24. 10
25. 00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26. 25   FEDERALLY QUALIFIED HEALTH CENTER						26. 25
27.00 Total (sum of lines 14-26)	0.00					27. 00
28.00 Observation Bed Days						28. 00
29. 00 Ambul ance Tri ps						29. 00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF 32.00 Labor & delivery days (see instructions)						31. 00 32. 00
32.00   Labor & derivery days (see instructions) 32.01   Total ancillary labor & delivery room				}		32.00
outpatient days (see instructions)						J2. U1
33.00 LTCH non-covered days						33. 00
	1		'	'		

Heal th	Financial Systems		UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
HOSPI T	AL WAGE INDEX INFORMATION			Provi der	F	Period: From 09/01/2014 To 12/31/2014		pared:
		Worksheet A Line Number	Amount Reported	Reclassificat ion of Salaries (from Worksheet A-6)	Sal ari es (col . 2 ± col . 3)	col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	7 pm
	PART II - WAGE DATA	1. 00	2. 00	3. 00	4. 00	5. 00	6. 00	
	SALARI ES							
1. 00	Total salaries (see instructions)	200. 00	35, 579, 404	0	35, 579, 404	1, 023, 067. 00	34. 78	1.00
2. 00	Non-physician anesthetist Part		0	0		0.00	0. 00	2.00
3. 00	Non-physician anesthetist Part		0	0	(	0.00	0. 00	3. 00
4. 00	Physician-Part A -		8, 333	0	8, 333	56. 00	148. 80	4. 00
4. 01	Administrative Physicians - Part A - Teaching		333, 966	o	333, 966	3, 013. 00	110. 84	4. 01
5.00	Physician-Part B		6, 546, 208		6, 546, 208	24, 015. 00	272. 59	5.00
6. 00 7. 00	Non-physician-Part B Interns & residents (in an	21. 00	0	0 424, 919	424, 919	0. 00 9 14, 595. 00	0. 00 29. 11	6. 00 7. 00
7.00	approved program)	21.00	U	424, 919	424, 915	14, 595. 00	29. 11	7.00
7. 01	Contracted interns and residents (in an approved programs)		0	О	)	0.00	0. 00	7. 01
8.00	Home office personnel	44.00	0	0		0. 00 0. 00	0.00	
9. 00 10. 00	SNF Excluded area salaries (see	44.00	4, 074, 810	-849, 664	3, 225, 146		0. 00 47. 51	
	instructions) OTHER WAGES & RELATED COSTS							
11. 00	Contract Labor: Direct Patient Care		1, 556, 365	0	1, 556, 365	29, 811. 00	52. 21	11. 00
12. 00	Contract labor: Top level management and other management and administrative		0	O		0.00	0. 00	12. 00
13. 00	services Contract Labor: Physician-Part		264, 583	0	264, 583	2, 162. 00	122. 38	13 00
14. 00	A - Administrative Home office salaries &		6, 032, 845					14. 00
15. 00	wage-related costs Home office: Physician Part A		0	0	)			15. 00
16. 00	- Administrative Home office and Contract		0	0				16. 00
	Physicians Part A - Teaching WAGE-RELATED COSTS						0.00	10100
17. 00	Wage-related costs (core) (see		9, 890, 203	0	9, 890, 203	3		17. 00
18. 00	instructions) Wage-related costs (other)		0	0				18. 00
19. 00	(see instructions) Excluded areas		969, 634	0	969, 634	1		19. 00
20. 00	Non-physician anesthetist Part A		0	0				20. 00
21. 00	Non-physician anesthetist Part B		0	0				21. 00
22. 00	Physician Part A - Administrative		2, 234	0	2, 234	1		22. 00
22. 01 23. 00	Physician Part A - Teaching Physician Part B		93, 057 1, 341, 665	0				22. 01 23. 00
24.00	Wage-related costs (RHC/FQHC)		0	0	) (			24.00
25. 00	Interns & residents (in an approved program)  OVERHEAD COSTS - DIRECT SALARIE	ES	166, 876	0	166, 876			25. 00
26.00	Employee Benefits Department	4.00	105, 328					26.00
27. 00 28. 00	Administrative & General Administrative & General under contract (see inst.)	5. 00	2, 278, 276 716, 195		2, 148, 417 716, 195		28. 08 119. 03	
29. 00	Maintenance & Repairs	6. 00	0	0	) (	0.00		29. 00
30. 00 31. 00	Operation of Plant Laundry & Linen Service	7. 00 8. 00	22, 763 258, 607		22, 763 258, 607		21. 43 15. 43	
32. 00 33. 00	Housekeeping Housekeeping under contract	9. 00	931, 152 100, 373	0	931, 152	56, 841. 00	16. 38 12. 84	32.00
34. 00 35. 00	(see instructions) Dietary Dietary under contract (see	10. 00	467, 957 78, 385				15. 74 12. 06	34. 00 35. 00
36.00	instructions) Cafeteria	11. 00	166, 606					36.00
37. 00 38. 00	Maintenance of Personnel Nursing Administration	12. 00 13. 00	0 583, 653	0				37. 00 38. 00

Health Financial Systems			UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
HOSPI TAL WA	AGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	·
						From 09/01/2014 To 12/31/2014	Part II   Date/Time Pre	narod:
						10 12/31/2014	5/27/2015 5: 2	
		Worksheet A	Amount	Recl assi fi cat		Pai d Hours	Average	
		Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col.	Salaries in	(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
				A-6)				
		1. 00	2. 00	3.00	4. 00	5. 00	6. 00	
39.00 Cent	ral Services and Supply	14. 00	0	0		0.00	0. 00	39.00
40.00 Phari	macy	15. 00	0	0	(	0.00	0.00	40.00
41.00 Medi	cal Records & Medical	16. 00	697, 358	0	697, 35	32, 327. 00	21. 57	41.00
Reco	rds Library							
42. 00 Soci	al Service	17. 00	52, 292	0	52, 29	2 1, 503. 00	34. 79	42.00
43.00 Othe	r General Service	18. 00	0	0		0.00	0. 00	43.00

Heal th	n Financial Systems	UNION HOSPI	TAL, INC.		In Lieu of Form CMS-2552-10			
H0SPI	TAL WAGE INDEX INFORMATION			Provi der		Peri od:	Worksheet S-3	
						From 09/01/2014 To 12/31/2014		nared·
						12/01/2011	5/27/2015 5: 2	
		Worksheet A	Amount	Recl assi fi cat		Pai d Hours	Average	
		Line Number	Reported	ion of	Sal ari es	Related to	Hourly Wage	
				Sal ari es	(col.2 ± col.		(col. 4 ÷	
				(from	3)	col. 4	col. 5)	
				Worksheet				
		1. 00	2. 00	A-6) 3.00	4. 00	5. 00	6. 00	
	PART III - HOSPITAL WAGE INDEX		2.00	3.00	4.00	5.00	6.00	
1 00		SUIVIIVIARY	29, 594, 183	-424, 919	29, 169, 264	1, 001, 773. 00	29. 12	1. 00
1. 00	Net sal ari es (see instructions)		29, 594, 183	-424, 919	29, 109, 204	1,001,773.00	29. 12	1.00
2. 00	Excluded area salaries (see		4, 074, 810	-849, 664	3, 225, 146	67, 884. 00	47. 51	2. 00
2.00	instructions)		4,074,010	-047,004	3, 223, 140	07,004.00	47.51	2.00
3.00	Subtotal salaries (line 1		25, 519, 373	424, 745	25, 944, 118	933, 889. 00	27. 78	3.00
0.00	minus line 2)		20,017,070	121,710	20, 711, 110	700,007.00	27.70	0.00
4.00	Subtotal other wages & related		7, 853, 793	0	7, 853, 793	164, 144. 00	47. 85	4.00
	costs (see inst.)		,		,			
5.00	Subtotal wage-related costs		9, 892, 437	0	9, 892, 437	0.00	38. 13	5.00
	(see inst.)							
6.00	Total (sum of lines 3 thru 5)		43, 265, 603	424, 745	43, 690, 348	1, 098, 033. 00	39. 79	6.00
7.00	Total overhead cost (see		6, 458, 945	46, 127	6, 505, 072	273, 303. 00	23. 80	7.00
	instructions)							

Health Financial Systems	UNION HOSPITAL,	INC.	In Lieu	u of Form CMS-2552-10
HOSPITAL WAGE RELATED COSTS		Provider CCN: 150023	From 09/01/2014	Worksheet S-3 Part IV Date/Time Prepared:

PART IV - WAGE RELATED COSTS	
PART IV - WAGE RELATED COSTS	
Part A - Core List	
RETI REMENT COST	
1. 00 401K Employer Contributions 1, 277, 525	1.00
2.00 Tax Sheltered Annuity (TSA) Employer Contribution	2. 00
3.00 Nonqualified Defined Benefit Plan Cost (see instructions)	3. 00
4.00 Qualified Defined Benefit Plan Cost (see instructions) 4,426,733	1.00
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 0	5. 00
	7. 00
HEALTH AND INSURANCE COST	
8.00   Health Insurance (Purchased or Self Funded) 4,417,151   4	3. 00
9.00 Prescription Drug Plan 0 0	9. 00
	0. 00
	1.00
	2. 00
	3. 00
· · · · ·   = · · · · · · · · · · · · ·	1. 00
	5. 00
	5. 00
Non cumulative portion)	
TAXES	
	7. 00
	3. 00
	9. 00
	0.00
OTHER	
	1.00
instructions))	
	2. 00
	3. 00
	1. 00
Part B - Other than Core Related Cost	
25.00 OTHER WAGE RELATED COSTS (SPECIFY)	5. 00

Health Financial Systems	UNI ON HOSPI TAL.	LNC	In lie	u of Form CMS-2	2552_10
HOSPITAL CONTRACT LABOR AND BENEFIT COST	UNI UN HUSPITAL,	Provi der CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Worksheet S-3 Part V	pared:
Cost Center Description			Contract Labor	Benefit Cost	
			1. 00	2. 00	
PART V - Contract Labor and Benefit					
Hospital and Hospital -Based Componer					
1.00 Total facility's contract labor and	benefit cost		0	0	1.00
2. 00 Hospi tal			U	0	2.00
3.00 Subprovi der - IPF 4.00 Subprovi der - IRF				0	3. 00 4. 00
the state of the s			0	0	5.00
, ,			0	0	6.00
6.00   Swing Beds - SNF 7.00   Swing Beds - NF			0	0	7.00
8.00 Hospital-Based SNF			U	U	8.00
9. 00 Hospi tal -Based NF					9.00
10.00 Hospi tal -Based OLTC					10.00
11.00 Hospi tal -Based HHA					11.00
12.00   Separately Certified ASC					12.00
13.00 Hospi tal -Based Hospi ce					13.00
14.00 Hospital -Based Health Clinic RHC					14. 00
15.00 Hospital -Based Health Clinic FQHC					15. 00
16. 00   Hospi tal -Based-CMHC					16.00
17. 00 Renal Dialysis					17. 00
18. 00 Other			0	0	18. 00
			1		

	Financial Systems UNION HOSPITAL,			In Li∈	eu of Form CMS-	2552-10			
HOSPI 1	AL UNCOMPENSATED AND INDIGENT CARE DATA	Provi der	CCN: 150023	Peri od:	Worksheet S-1	0			
				From 09/01/2014					
				To 12/31/2014					
				L .	5/27/2015 5: 2	/ pill			
					1. 00				
	Uncompensated and indigent care cost computation								
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 div	ided by I	i ne 202 col u	mn 8)	0. 262358	1.00			
	Medicaid (see instructions for each line)								
2.00	Net revenue from Medicaid				9, 372, 305	2.00			
3.00	Did you receive DSH or supplemental payments from Medicaid?					3.00			
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental			i d?		4.00			
5.00	If line 4 is "no", then enter DSH or supplemental payments from	n Medicaid			0				
6.00	Medi cai d charges				47, 906, 769				
7. 00	Medicaid cost (line 1 times line 6)				12, 568, 724	1			
8.00	Difference between net revenue and costs for Medicaid program (	[line 7 mi	nus sum of li	ines 2 and 5; if	3, 196, 419	8. 00			
	< zero then enter zero)					1			
	State Children's Health Insurance Program (SCHIP) (see instruct	ions for	each line)		1				
9.00	Net revenue from stand-alone SCHIP				0	1			
	Stand-alone SCHIP charges				0				
11.00	Stand-alone SCHIP cost (line 1 times line 10)	(1: 11			0				
12.00	Difference between net revenue and costs for stand-alone SCHIP	(Tine II	minus iine 9	; ir < zero then	0	12.00			
	<pre>enter zero) Other state or local government indigent care program (see inst</pre>	ructions	for each line	2)		1			
13 00	Net revenue from state or local indigent care program (Not incl				T 0	13.00			
14. 00	Charges for patients covered under state or local indigent care								
14.00	10)	program	(NOT THE dae	u 111 111103 0 01		14.00			
15. 00	State or local indigent care program cost (line 1 times line 14	1)			0	15.00			
16. 00									
	13: if < zero then enter zero)								
	Uncompensated care (see instructions for each line)					1			
17.00	Private grants, donations, or endowment income restricted to fu	ındi ng cha	rity care		0	17.00			
18.00	Government grants, appropriations or transfers for support of h	nospital o	perati ons		0	18.00			
19. 00	Total unreimbursed cost for Medicaid , SCHIP and state and local	ıl indigen	t care progra	ams (sum of line:	3, 196, 419	19.00			
	8, 12 and 16)				T 1 1 ( 1 1				
			Uni nsured		Total (col. 1				
			patients 1.00	patients 2.00	+ col . 2) 3.00				
20. 00	Total initial obligation of patients approved for charity care	(at full	10, 657, 7			20.00			
20.00	charges excluding non-reimbursable cost centers) for the entire				10,007,704	20.00			
21. 00	Cost of initial obligation of patients approved for charity car			42	2, 796, 142	21.00			
	times line 20)		_,,		_,,				
22.00	Partial payment by patients approved for charity care			0 0	0	22.00			
23.00	Cost of charity care (line 21 minus line 22)		2, 796, 1	42 C	2, 796, 142	23. 00			
					1.00				
24.00	Does the amount in line 20 column 2 include charges for patient	days bey	ond a Length	of stay limit		24.00			
	imposed on patients covered by Medicaid or other indigent care								
	If line 24 is "yes," charges for patient days beyond an indige			gth of stay limi <sup>.</sup>					
26. 00	Total bad debt expense for the entire hospital complex (see ins		)		10, 978, 488	1			
27. 00	Medicare bad debts for the entire hospital complex (see instruc	,			445, 503				
28. 00	Non-Medicare and non-reimbursable Medicare bad debt expense (Ii		,		10, 532, 985	1			
29. 00	Cost of non-Medicare and non-reimbursable Medicare bad debt exp	ense (lin	e 1 times li	ne 28)	2, 763, 413	1			
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	20)			5, 559, 555	1			
31.00	Total unreimbursed and uncompensated care cost (line 19 plus li	ne 30)			8, 755, 974	31.00			

DECLASSIFICATION AND ADJUSTMENTS OF TRI	UNI UNI HUSPI		CCN: 150023 F		Workshoot A	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRI	AL BALANCE OF EXPENSES	Provider	F	Period: From 09/01/2014	Worksheet A	
			1	o 12/31/2014	Date/Time Pre 5/27/2015 5:2	
Cost Center Description	Sal ari es	Other	Total (col. 1	Recl assi fi cat	Recl assi fi ed	
			+ col . 2)	i ons (See	Trial Balance	
				A-6)	(col. 3 +- col. 4)	
	1.00	2. 00	3.00	4. 00	5. 00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & F		4, 749, 005				
2.00 00200 NEW CAP REL COSTS-MVBLE EQ 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT		2, 648, 309 9, 303			4, 032, 660 822, 624	
5. 01 00540 NONPATIENT TELEPHONES	189, 458	9, 303 149, 064	1		338, 522	
5. 02 00550 DATA PROCESSING	0	, , ss .	)		0	1
5. 03 00560 PURCHASING RECEIVING AND S	•	C	) (	,	0	
5. 04   00570   ADMI TTI NG	409, 925	212, 864			622, 789	
5. 05 00580 CASHI ERI NG/ACCOUNTS RECEI V 5. 06 00590 OTHER ADMI N AND GENERAL	ABLE 0 1, 678, 893	10, 357, 398	) 3 12, 036, 291	-	0 6, 579, 888	
7. 00 00700 OPERATION OF PLANT	22, 763	2, 274, 348				
8.00 00800 LAUNDRY & LINEN SERVICE	258, 607	54, 491	1		313, 098	1
9. 00   00900   HOUSEKEEPI NG	931, 152	928, 231			1, 859, 383	1
10. 00   01000   DI ETARY	467, 957	302, 470	1			1
11. 00   01100   CAFETERI A 13. 00   01300   NURSI NG ADMI NI STRATI ON	166, 606 583, 653	325, 422 75, 749			492, 028 659, 402	
16. 00 01600 MEDICAL RECORDS & LIBRARY	697, 358	326, 669	1		1, 024, 027	
17.00 01700 SOCIAL SERVICE	52, 292	5, 787	58, 079	0	58, 079	17.00
21. 00   02100   &R SERVICES-SALARY & FRING		C			456, 412	
22. 00   02200   1 &R SERVICES-OTHER PRGM COS	STS APPRVD 0	C		957, 195		
23. 00   02300   PARAMED ED PRGM 23. 01   02341   OTHER MED ED	159, 453	21, 886	181, 339	63, 449 36, 507	63, 449 217, 846	
INPATIENT ROUTINE SERVICE COST C		21,000	n 101, 33:	, 30, 307	217,040	23.01
30. 00 03000 ADULTS & PEDIATRICS	7, 352, 022	1, 361, 783	8, 713, 805	-368, 462	8, 345, 343	30.00
31.00 03100 INTENSIVE CARE UNIT	1, 873, 650	430, 637				
35. 00   02040   I NTENSI VE NURSERY	665, 636	217, 727				
41. 00   04100   SUBPROVI DER - I RF 43. 00   04300   NURSERY	444, 699	105, 807 17, 815				
ANCI LLARY SERVI CE COST CENTERS		17,013	17,010	323, 030	373, 443	43.00
50. 00 05000 OPERATING ROOM	3, 072, 686	4, 460, 538			5, 514, 229	
50. 01   05001   CARDI AC SURGERY	818, 315	923, 377	1		1, 500, 365	1
50. 02   05002   WVSC 51. 00   05100   RECOVERY   ROOM	13, 012 498, 312	3, 895, 158 99, 651	1		3, 697, 421 597, 963	
51. 00   05100   RECOVERT ROOM 51. 02   05101   0/P   TREATMENT ROOM	755, 868	121, 677	1			
52. 00 05200 DELIVERY ROOM & LABOR ROOM	1, 178, 826	339, 543	1		1, 518, 369	
54. 00 05400 RADI OLOGY-DI AGNOSTI C	3, 415, 027	1, 012, 109			4, 363, 687	
55. 00 05500 RADI OLOGY-THERAPEUTI C	125, 869	1, 534, 787			1, 660, 656	
56. 00   05600   RADI 0I SOTOPE 57. 00   05700   CT   SCAN	111, 614 331, 236	323, 071 372, 152	1		434, 685 703, 388	
58. 00 05800 MAGNETIC RESONANCE I MAGING		442, 732	1		608, 302	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	220, 926	7, 098, 390	1		6, 138, 849	
60. 00   06000   LABORATORY	0	3, 081, 985	1		3, 081, 985	1
62. 00 06200 WHOLE BLOOD & PACKED RED BI		553, 966			,	
65. 00   06500   RESPI RATORY THERAPY 66. 00   06600   PHYSI CAL THERAPY	930, 106 59, 907	346, 761 1, 191, 133			1, 276, 867 1, 251, 040	
66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL		1, 171, 133	1, 251, 040		1, 231, 040	1
66. 02   06602   0/P   PHYSI CAL THERAPY	0	1, 080, 356	1, 080, 356	0	1, 080, 356	
67. 00 06700 OCCUPATI ONAL THERAPY	0	C	) (	0	0	
68. 00 06800 SPEECH PATHOLOGY	0	99, 759			99, 759	
69. 00   06900   ELECTROCARDI OLOGY 69. 01   06901   CARDI AC   REHAB	466, 481 92, 828	167, 856 18, 980			634, 337 111, 808	
70. 00 07000 ELECTROENCEPHALOGRAPHY	804, 268	240, 336	1		1, 044, 604	
71. 00 07100 MEDICAL SUPPLIES CHARGED TO		328, 873	1		319, 826	
72.00 07200 IMPL. DEV. CHARGED TO PATIL	ENTS 0	C	) (		3, 651, 538	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1, 285, 383	9, 812, 495		· ·	10, 455, 303	1
76. 00 03020 RENAL ACUTE	0	431, 018	431, 018	8 0	431, 018	76.00
90. 00 O9000 CLINIC	ol o			0	0	90.00
90. 05   09005   PATIENT NUTRITION	96, 835	18, 673	1	-		
90. 07 09007 WOUND CLINIC	114, 011	294, 292	1		408, 303	1
91. 00 09100 EMERGENCY	1, 492, 214	528, 207	2, 020, 421	0	2, 020, 421	
92. 00 09200 OBSERVATION BEDS (NON-DIST	NCT PART)					92.00
SPECIAL PURPOSE COST CENTERS  118. 00 SUBTOTALS (SUM OF LINES 1-	117) 32, 108, 746	63, 392, 640	95, 501, 386	1, 311, 134	96, 812, 520	118. 00
NONREI MBURSABLE COST CENTERS  190. 00 19000 GIFT, FLOWER, COFFEE SHOP (	& CANTEEN O	C		) 0	n	] 190. 00
194. 00 07950 RURAL HEALTH	469, 571	477, 366	1	22, 499		
194. 01 07951 RENTAL PROPERTY	57, 668	25, 700	83, 368	0	83, 368	194. 01
194. 02 07954 FAMILY PRACTICE	1, 521, 411	484, 039			591, 843	
194. 03 07952  WELLNESS 194. 04 07955  PHYSI CLAN PRACTI CES	0 1 201 255	1 070 757	2 364 013	,	108, 776 2, 364, 012	
194.06 07955 PHYSICIAN PRACTICES	1, 291, 255 4, 100	1, 072, 757 320, 864				
	, , , , , ,		1 -2.17.0		-= 1,731	

Heal th Financial	Systems		UNI ON HOSPI	TAL,	INC.		In Lie	u of Form CMS-2	2552-10
RECLASSI FI CATION	N AND ADJUSTMENTS OF TRIAL	BALANCE OF	EXPENSES		Provi der	CCN: 150023	Peri od:	Worksheet A	
							From 09/01/2014		
							To 12/31/2014	Date/Time Pre	
								5/27/2015 5: 2	7 pm
Cost	t Center Description		Sal ari es		0ther	Total (col.	1 Reclassi fi cat	Recl assi fi ed	
						+ col . 2)	ions (See	Trial Balance	
							A-6)	(col. 3 +-	
								col. 4)	
			1. 00		2. 00	3. 00	4. 00	5. 00	
194. 07 07956 PSY	CHI ATRI C/PSYCHOLOGI CAL SER\	/I CES	126, 653		206, 891	333, 54	4 -28, 802	304, 742	194. 07
200. 00 TOTA	AL (SUM OF LINES 118-199)		35, 579, 404	6	55, 980, 257	101, 559, 66	o1 0	101, 559, 661	200.00

 Health Financial
 Systems
 UNION HOR

 RECLASSIFICATION
 AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provi der CCN: 150023 | Peri od: From 09/01/20

Peri od: Worksheet A From 09/01/2014 To 12/31/2014 Date/Ti me Prepared: 5/27/2015 5: 27 pm

				5/27/2015 5: 2	7 pm
	Cost Center Description	Adjustments	Net Expenses		
		(See A-8)	For		
			Allocation		
		6. 00	7. 00		
	GENERAL SERVICE COST CENTERS			I	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	-477, 682	8, 338, 903		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	-227, 663	3, 804, 997		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT	10, 097, 839	10, 920, 463	l e e e e e e e e e e e e e e e e e e e	4.00
5. 01	00540 NONPATI ENT TELEPHONES	-44, 063	294, 459		5. 01
5. 02	00550 DATA PROCESSING	3, 711, 928	3, 711, 928		5. 02
5.03	00560 PURCHASING RECEIVING AND STORES	285, 632	285, 632		5. 03
5.04	00570 ADMI TTI NG	0	622, 789		5. 04
5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	2, 218, 456	2, 218, 456		5. 05
5.06	00590 OTHER ADMIN AND GENERAL	1, 593, 798	8, 173, 686		5.06
7.00	00700 OPERATION OF PLANT	46, 129	2, 143, 314		7.00
8.00	00800 LAUNDRY & LINEN SERVICE	-1, 665	311, 433		8. 00
9.00	00900 HOUSEKEEPI NG	-68, 223	1, 791, 160		9.00
10.00	01000 DI ETARY	-38, 168	711, 961		10.00
11. 00	01100 CAFETERI A	-500, 113	-8, 085		11.00
13. 00	01300 NURSI NG ADMI NI STRATI ON	269, 518	928, 920		13.00
16. 00	01600 MEDI CAL RECORDS & LI BRARY	75, 180	1, 099, 207		16.00
17. 00	01700 SOCIAL SERVICE	0	58, 079		17.00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	l ő	456, 412		21.00
22. 00	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD	-85, 683	871, 512		22.00
23. 00	02300 PARAMED ED PRGM	-03, 003	63, 449		23.00
23. 00	02341 OTHER MED ED	-119, 385	98, 461		23.00
23.01	INPATIENT ROUTINE SERVICE COST CENTERS	-119, 303	90, 401		23.01
30. 00	03000 ADULTS & PEDIATRICS	-1, 127, 872	7, 217, 471		30.00
31. 00	03100 INTENSIVE CARE UNIT	-1, 127, 672	2, 343, 632	i e	31.00
35. 00	02040 I NTENSI VE NURSERY	-86, 667	814, 340		35.00
	1	1	·	•	
41.00	04100 SUBPROVI DER - I RF	0	565, 694		41.00
43. 00	04300 NURSERY	0	343, 445		43.00
50. 00	ANCILLARY SERVICE COST CENTERS    05000   OPERATING ROOM	-1, 941, 876	3, 572, 353		50.00
50. 00	05001 CARDI AC SURGERY	-755, 506	744, 859	l e e e e e e e e e e e e e e e e e e e	50.00
50. 01	05002 WVSC	34, 539	3, 731, 960		50.01
	05100 RECOVERY ROOM				
51.00	1	1, 438	599, 401		51.00
51. 02	05101 0/P TREATMENT ROOM	414 471	877, 545		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	-416, 671	1, 101, 698		52.00
54.00	05400 RADI OLOGY - DI AGNOSTI C	-2, 207, 400	2, 156, 287		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	0	1, 660, 656		55.00
56. 00	05600 RADI OI SOTOPE	-1, 550	433, 135		56.00
57. 00	05700 CT SCAN	78, 205	781, 593		57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	17, 887	626, 189		58. 00
59. 00	05900  CARDI AC CATHETERI ZATI ON	80, 341	6, 219, 190	l control of the cont	59. 00
60.00	06000 LABORATORY	-36, 821	3, 045, 164		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	553, 966		62.00
65.00	06500 RESPI RATORY THERAPY	0	1, 276, 867		65.00
66.00	06600 PHYSI CAL THERAPY	-724, 763	526, 277		66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		66. 01
66. 02	06602 0/P PHYSI CAL THERAPY	-95, 952	984, 404		66. 02
67.00	06700 OCCUPATI ONAL THERAPY	328, 161	328, 161		67.00
68.00	06800 SPEECH PATHOLOGY	11, 184	110, 943		68.00
69.00	06900 ELECTROCARDI OLOGY	-17, 904	616, 433		69.00
69. 01	06901 CARDI AC REHAB	1, 328	113, 136		69. 01
70.00	07000 ELECTROENCEPHALOGRAPHY	-779, 339	265, 265		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-6, 602	313, 224	1	71.00
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3, 651, 538		72.00
73. 00	07300 DRUGS CHARGED TO PATIENTS	66, 458	10, 521, 761		73.00
76. 00	03020 RENAL ACUTE	0	431, 018	i e e e e e e e e e e e e e e e e e e e	76.00
, 5. 66	OUTPATIENT SERVICE COST CENTERS	, o	+51,010		1 , 5. 55
90. 00	09000 CLINIC	0	0		90.00
90. 05	09005 PATIENT NUTRITION	-3, 937	111, 571	l .	90.05
90. 07	09007 WOUND CLINIC	1, 763	410, 066		90.07
91. 00	09100 EMERGENCY	0	2, 020, 421		91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		2,020,421		92.00
7Z. UU	SPECIAL PURPOSE COST CENTERS				72.00
118.00		9, 154, 279	105, 966, 799		118.00
1 10.00	NONREI MBURSABLE COST CENTERS	7, 134, 277	100, 700, 777		1. 10.00
190 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190. 00
	07950 RURAL HEALTH		969, 436	l control of the cont	194.00
	07950 RUKAL HEALTH 07951 RENTAL PROPERTY		969, 436 83, 368		194.00
					194.01
	07954 FAMILY PRACTICE	-	591, 843		
	07952 WELLNESS	0	108, 776		194. 03
	07955 PHYSI CLAN PRACTI CES	100 (45	2, 364, 012		194.04
	07953 SYCAMORE SPORTS MED	-189, 645	135, 319	l control of the cont	194.06
194.07	07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	304, 742		194. 07

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lieu	u of Form CMS-	2552-10
RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE O	F EXPENSES	Provi der	CCN: 150023	Period: From 09/01/2014	Worksheet A	
					Date/Time Pre 5/27/2015 5: 2	
Cost Center Description	Adjustments	Net Expenses			3/21/2013 3.2	, piii
	(See A-8)	For				
		Allocation				
	6. 00	7. 00				
200.00 TOTAL (SUM OF LINES 118-199)	8, 964, 634	110, 524, 295				200.00

Health Financial SystemsUNION HOSPITAL, INC.In Lieu of Form CMS-2552-10RECLASSIFICATIONSProvider CCN: 150023Period: From 09/01/2014Worksheet A-6

Date/Time Prepared: 12/31/2014 5/27/2015 5: 27 pm Increases Cost Center Li ne # Sal ary 0ther 2.00 3.00 4.00 5.00 A - PROPERTY INSURANCE 1.00 NEW CAP REL COSTS-BLDG & 1.00 0 149, 370 1.00 FI XT 2 00 NEW CAP REL COSTS-MVBLE 2.00 ol 50, 556 2 00 EQUI P 199, 926 B - PARAMED 1.00 PARAMED ED PRGM 23. 00 52, 154 11, 295 1.00 11, 295 52.154 - FITNESS ACTIVITY 4.00 1.00 EMPLOYEE BENEFITS DEPARTMENT 52, 203 20, 920 1.00 WELLNESS 1<u>94.</u>03 31, 120 2.00 77,656 2.00 129, 859 52,040 D - CLAY CITY RURAL HEALTH 1.00 RURAL HEALTH 194. 00 0 14, 598 1.00 14, 598 - CORK MEDICAL RURAL HEALTH 1.00 RURAL HEALTH 194.00 7, 901 1.00 7, 901 - HOUSE NURSE ASSISTANT 1.00 INTENSIVE CARE UNIT 31.00 35, 748 3, 597 1.00 2.00 INTENSIVE NURSERY 35.00 16, 031 1, 613 2.00 SUBPROVI DER - I RF 3.00 13, 799 1, 389 3.00 41.00 65, 578 6, 599 EMPLOYEE ACCESS EMPLOYEE BENEFITS DEPARTMENT 1.00 4.00 24, 074 4, 728 1.00 24, 074 4, 728 H - TUBE FEEDING 1.00 ADULTS & PEDIATRICS 30.00 7, 241 13, 057 1.00 13, 057 7, 241 I - FAMILY MEDICINE 1.00 I&R SERVICES-SALARY & 21.00 424, 919 31, 493 1.00 FRINGES APPRVD 2.00 I&R SERVICES-OTHER PRGM 22.00 577, 652 379, 543 2.00 COSTS APPRVD 411, 036 1, 002, 571 J - LOBBY PHARMACY 106, 950 499, 118 1.00 EMPLOYEE BENEFITS DEPARTMENT 4. 00 1.00 499, 118 106, 950 K - IMPLANTABLE DEVICES 1.00 IMPL. DEV. CHARGED TO 72.00 3, 651, 538 1.00 PATI ENTS 2.00 0.00 ol 2.00 0 0 3.00 0.00 0 3.00 4.00 0.00 4.00 3, 651, 538 I - INTEREST 1.00 NEW CAP REL COSTS-BLDG & 1.00 0 3, 940, 709 1.00 FI XT NEW CAP REL COSTS-MVBLE 2.00 2.00 1, 333, 795 2.00 EQUI P 5, 274, 504 M - PLUM PUMPS AND OTHER ADULTS & PEDIATRICS 30. 00 9, 047 1.00 1.00 9, 047 N - NURSERY 1.00 NURSERY 43.00 325, 630 0 1.00 325, 630

23. 01

33, 372

33, 372

1, 747, 429

3, 135

3, 135

10, 158, 522

1.00

500.00

O - PHARMACY PARAMED

OTHER MED ED

500.00 Grand Total: Increases

1.00

Health Financial Systems RECLASSIFICATIONS UNION HOSPITAL, INC. In Lieu of Form CMS-2552-10 Provi der CCN: 150023

| Peri od: | Worksheet A-6 | From 09/01/2014 | To 12/31/2014 | Date/Time Prepared:

					10	5/27/2014 Date/11 m 5/27/201	5 5: 27 pm
		Decreases					
	Cost Center	Li ne #	Sal ary	0ther	Wkst. A-7 Ref.		
	6.00	7. 00	8. 00	9. 00	10.00		
1 00	A - PROPERTY INSURANCE	7 00	ما	100.007	1.0		1 00
1. 00 2. 00	OPERATION OF PLANT	7. 00 0. 00	0	199, 926	12 12		1. 00 2. 00
2.00			_ — — }	0 199, 926			2.00
	B - PARAMED		U <sub>I</sub>	199, 920			
1. 00	RADI OLOGY-DI AGNOSTI C	54. 00	52, 154	11, 295	0		1.00
1.00	n		52, 154	11, 295			1.00
	C - FITNESS ACTIVITY		32, 134	11, 270			
1. 00	OTHER ADMIN AND GENERAL	5. 06	129, 859	52, 040	0		1.00
2. 00	OTTEN TIOM TO THE SENERULE	0. 00	0	02,010	o		2.00
			129, 859	52, 040			
	D - CLAY CITY RURAL HEALTH		,		· · · · · · · · · · · · · · · · · · ·		
1.00	NEW CAP REL COSTS-BLDG &	1. 00	0	14, 598	9		1.00
	FIXT						
				14, 598			
	E - CORK MEDICAL RURAL HEALTH						
1.00	NEW CAP REL COSTS-BLDG &	1. 00	0	7, 901	9		1. 00
	FIXT						
	0		0	7, 901			
	F - HOUSE NURSE ASSISTANT						
1. 00	ADULTS & PEDIATRICS	30. 00	65, 578	6, 599			1.00
2.00		0. 00	0	0	0		2. 00
3. 00		0.00	0	0	0		3.00
	0		65, 578	6, 599			
	G - EMPLOYEE ACCESS	404.07	04.074	. 700			
1. 00	PSYCHI ATRI C/PSYCHOLOGI CAL	194. 07	24, 074	4, 728	0		1.00
	SERVICES	+	24, 074	<del>4, 7</del> 28	<del></del>		
	H - TUBE FEEDING		24, 074	4, 728			
1. 00	DI ETARY	10.00	7, 241	13, 057	0		1.00
1.00	0		$-\frac{7,241}{7,241}$	13, 057			1.00
	I - FAMILY MEDICINE		7, 241	13,037			
1. 00	FAMILY PRACTICE	194. 02	1, 002, 571	411, 036	O		1.00
2. 00	TAWI ET TRACTICE	0.00	1,002,371	411,030	o o		2. 00
2.00			1, 002, 571	411, 036			2.00
	J - LOBBY PHARMACY		1,002,371	411,000			
1. 00	DRUGS CHARGED TO PATIENTS	73. 00	106, 950	499, 118	0		1.00
00	0	<del>/ 5.</del> 5	106, 950	499, 118			
	K - IMPLANTABLE DEVICES		,	,			
1.00	OPERATING ROOM	50.00	0	2, 018, 995	0		1.00
2.00	CARDI AC SURGERY	50. 01	O	241, 327	o		2.00
3.00	WVSC	50. 02	O	210, 749	0		3.00
4.00	CARDI AC CATHETERI ZATI ON	59. 00	O	1, 180, 467			4. 00
	0		0	3, 651, 538			
	L - INTEREST						
1.00	OTHER ADMIN AND GENERAL	5. 06	0	5, 274, 504			1.00
2.00		0.00	0	0	11		2. 00
	0		0	5, 274, 504			
	M - PLUM PUMPS AND OTHER						
1. 00	MEDICAL SUPPLIES CHARGED TO	71. 00	0	9, 047	0		1.00
	PATI ENTS	+		=			
	U NUDCEDY		0	9, 047			
4 66	N - NURSERY	22.25	205 (25	=			
1. 00	ADULTS & PEDI ATRI CS	3000	325, 630	0	0		1.00
	U DUADMACY DADAMED		325, 630	0			
1 00	O - PHARMACY PARAMED	70.00	22 270	0.405			1 00
1. 00	DRUGS CHARGED TO PATIENTS		33, 372				1.00
500.00	O Grand Total: Decreases						500.00
300. UC	plei and Total: Decreases		1, 747, 429	10, 158, 522			500.00

5/27/20	5 5 27	red:
Acqui si ti ons	3 3.27	DIII
Beginning Purchases Donation Total Disposal	s and	
Ballances Retirem		
1.00 2.00 3.00 4.00 5.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES		
1. 00 Land 17, 361, 649 75, 000 0 75, 000	0	1.00
2.00   Land   Improvements   19,483,029   30,590   0   30,590	0	2.00
3.00   Buildings and Fixtures   325,807,101   169,770   0   169,770	1, 631	3.00
4.00   Building Improvements   1,526,209   0   0   0	0	4.00
5.00   Fi xed Equipment   0 0 0 0		5.00
		6.00
7.00   HIT designated Assets 0 0 0 0		7.00
		8.00
9.00   Reconciling   tems   0   0   0		9.00
	4, 489 1	0.00
Ending Fully		
Bal ance   Depreciated		
Assets		
6.00 7.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES		
1. 00 Land 17, 436, 649 0		1.00
2.00 Land Improvements 19,513,619 0		2.00
3.00 Buildings and Fixtures 325, 975, 240 0		3.00
4.00 Building Improvements 1,526,209 0		4.00
5. 00   Fi xed Equi pment   0   0		5.00
6.00   Movabl e Equipment   129, 587, 676   0		6.00
7.00 HIT designated Assets 0 0		7.00
8.00 Subtotal (sum of lines 1-7) 494,039,393 0		8.00
9.00 Reconciling Items 0 0		9.00
10.00   Total (line 8 minus line 9)   494,039,393   0	1	0.00

Heal th	Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	eu of Form CMS-2	2552-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der	CCN: 150023	Peri od: From 09/01/2014	Worksheet A-7 Part II	
					To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared: 7 pm
			SL	JMMARY OF CAP	I TAL		
	Cost Center Description	Depreciation	Lease	Interest	Insurance	Taxes (see	
					(see instructions)	instructions)	
		9. 00	10. 00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WOR			and 2			
1.00	NEW CAP REL COSTS-BLDG & FLXT	4, 749, 005	l e		0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2, 648, 309			0	0	2.00
3.00	Total (sum of lines 1-2)	7, 397, 314			0 0	0	3.00
		SUMMARY 0	F CAPITAL				
	Cost Center Description	Other	Total (1)				
		Capi tal -Rel at	(sum of cols.				
		ed Costs (see	9 through 14)				
		instructions)					
		14. 00	15. 00				
	PART II - RECONCILIATION OF AMOUNTS FROM WOR	KSHEET A, COLUI	MN 2, LINES 1 a	and 2			
1.00	NEW CAP REL COSTS-BLDG & FLXT	0	4, 749, 005				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2, 648, 309				2.00
3. 00	Total (sum of lines 1-2)	0	7, 397, 314				3.00

Health Financial Systems	UNION HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
RECONCILIATION OF CAPITAL COSTS CENTERS		Provi der	1	Period: From 09/01/2014 Fo 12/31/2014		pared:
	COMI	PUTATION OF RAT	TI OS	ALLOCATION OF	OTHER CAPITAL	
Cost Center Description	Gross Assets	Capi tal i zed	Gross Assets		Insurance	
		Leases	for Ratio	instructions)		
			(col. 1 -			
	1. 00	2.00	col . 2) 3.00	4. 00	5. 00	
PART III - RECONCILIATION OF CAPITAL COSTS C		2.00	3.00	4.00	5.00	
1. 00 NEW CAP REL COSTS-BLDG & FLXT	371, 567, 209	0	371, 567, 209	0. 752100	0	1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	122, 472, 185	l .			0	2.00
3.00 Total (sum of lines 1-2)	494, 039, 394	0	494, 039, 394	1. 000000	0	3.00
	ALLOCATION OF OTHER CAPITAL SUMMARY OF CAPITAL					
Cost Center Description	Taxes	Other	Total (sum of	Depreciation	Lease	
		Capi tal -Rel at				
		ed Costs	through 7)			
PART III - RECONCILIATION OF CAPITAL COSTS C	6. 00	7. 00	8. 00	9. 00	10.00	
1.00 NEW CAP REL COSTS-BLDG & FIXT	ENTERS			4, 284, 495	0	1. 00
2. 00 NEW CAP REL COSTS-BEDG & TTXT	0	0		2, 432, 719		2.00
3.00 Total (sum of lines 1-2)	0	0		6, 717, 214	l .	3. 00
		SL	JMMARY OF CAPI			7.75
Cost Center Description	Interest	Insurance	Taxes (see	Other	Total (2)	
		(see	instructions)	Capi tal -Rel at		
		instructions)		ed Costs (see	9 through 14)	
				instructions)		
DART III DECONOLILIATION OF CARLTY COOTS	11. 00	12. 00	13. 00	14. 00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CO		140.070	,		0 220 002	1 00
1.00   NEW CAP REL COSTS-BLDG & FIXT 2.00   NEW CAP REL COSTS-MVBLE EQUIP	3, 905, 038 1, 321, 722				8, 338, 903 3, 804, 997	1. 00 2. 00
3.00 Total (sum of lines 1-2)	5, 226, 760				l ' '	
3. 00   Total (Suil Of Titles 1-2)	J, 220, 700	177,720	1	٥	12, 143, 700	3.00

	To 12/31/2014						Date/Time Prepared: 5/27/2015 5:27 pm	
				Expense Classification on To/From Which the Amount is			7 piii	
					j			
	Cost Center Description	Basi s/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.		
		1. 00	2. 00	3. 00	4. 00	5. 00		
1. 00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	В	-35, 671	NEW CAP REL COSTS-BLDG & FLXT	1. 00	11	1.00	
2. 00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter	В	-12, 073	NEW CAP REL COSTS-MVBLE EQUIP	2. 00	11	2. 00	
3. 00	2)   Investment income - other   (chapter 2)		0		0. 00	0	3. 00	
4. 00	Trade, quantity, and time discounts (chapter 8)	В	-1, 618	PURCHASING RECEIVING AND STORES	5. 03	0	4. 00	
5. 00	Refunds and rebates of expenses (chapter 8)	В	-130, 021	PURCHASING RECEIVING AND STORES	5. 03	0	5. 00	
6. 00	Rental of provider space by		0	STORES	0. 00	0	6. 00	
7. 00	suppliers (chapter 8) Telephone services (pay stations excluded) (chapter	А	-6, 273	NONPATIENT TELEPHONES	5. 01	0	7. 00	
8. 00	Tel evi si on and radi o servi ce		0		0. 00	0	8. 00	
9. 00 10. 00	(chapter 21) Parking Lot (chapter 21) Provi der-based physician	A-8-2	0 -7, 131, 991		0. 00	0	9. 00 10. 00	
11. 00	adj ustment Sal e of scrap, waste, etc.	N 0 2	,, 131, ,,1		0. 00	0		
12. 00	(chapter 23) Related organization	A-8-1	23, 732, 160		5. 55	0		
13. 00	transactions (chapter 10) Laundry and linen service	,, ,	20,702,100		0. 00	0		
14. 00 15. 00	Cafeteria-employees and guests Rental of quarters to employee	В	-456, 486 0	CAFETERI A	11. 00 0. 00	0	14.00	
16. 00	and others Sale of medical and surgical supplies to other than	А	-6, 602	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	16. 00	
17. 00	patients Sale of drugs to other than	А	-8, 253	DRUGS CHARGED TO PATIENTS	73. 00	0	17. 00	
18. 00	patients Sale of medical records and	В	-7, 099	MEDICAL RECORDS & LIBRARY	16. 00	0	18. 00	
19. 00	abstracts Nursing school (tuition, fees,		0		0. 00	0	19. 00	
20. 00	books, etc.) Vending machines	А		OPERATION OF PLANT	7. 00	0		
21. 00	Income from imposition of interest, finance or penalty		0		0. 00	0	21.00	
22. 00	overpayments and borrowings to		0		0. 00	0	22. 00	
23. 00	repay Medicare overpayments Adjustment for respiratory therapy costs in excess of	A-8-3	0	RESPI RATORY THERAPY	65. 00		23. 00	
24. 00	limitation (chapter 14) Adjustment for physical therapy costs in excess of	A-8-3	0	PHYSI CAL THERAPY	66. 00		24. 00	
25. 00	limitation (chapter 14)		0	*** Cost Center Deleted ***	114. 00		25. 00	
26. 00	(chapter 21) Depreciation - NEW CAP REL		0	NEW CAP REL COSTS-BLDG &	1. 00	0	26. 00	
27. 00	·		0	FIXT NEW CAP REL COSTS-MVBLE	2. 00	0	27. 00	
28. 00	COSTS-MVBLE EQUIP Non-physician Anesthetist		0	EQUIP  *** Cost Center Deleted ***	19. 00		28. 00	
29. 00	Physicians' assistant		0	000000000000000000000000000000000000000	0.00	0		
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	Hospi ce (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30. 00		30. 99	
		'		'	'	· '	-	

				Fi To	rom 09/01/2014 o 12/31/2014	Date/Time Pre	
				Expense Classification on	Workshoot A	5/27/2015 5: 2	7 pm
			-	To/From Which the Amount is			
					,		
	Cost Center Description	Basis/Code (2)	Amount	Cost Center	Li ne #	Wkst. A-7 Ref.	
		1. 00	2.00	3. 00	4. 00	5. 00	
31.00	Adjustment for speech	A-8-3		SPEECH PATHOLOGY	68. 00		31. 00
	pathology costs in excess of						
32. 00	limitation (chapter 14) CAH HIT Adjustment for		o		0. 00	0	32. 00
32.00	Depreciation and Interest				0.00	0	32.00
33.00	TELEPHONE DEPRECIATION	Α	-238	NEW CAP REL COSTS-MVBLE	2. 00	9	33. 00
	VENDANO HONOEKEEDANO			EQUI P			
34. 00 35. 00	VENDING HOUSEKEEPING MEALS SOLD	A B	-20, 982F -16, 105 E	HOUSEKEEPI NG	9. 00 10. 00	0	34. 00 35. 00
36. 00	VISITORS MEALS	A		CAFETERI A	11. 00	0	36.00
38. 00	LAB - BLDG	В		NEW CAP REL COSTS-BLDG &	1. 00	9	38. 00
		_	F	FIXT			
39. 00	LAB - ADMINISTRATION LAB - LAUNDRY	B B	l l	OTHER ADMIN AND GENERAL	5. 06	0	
40. 00 41. 00	LAB - LAUNDRY	l B		LAUNDRY & LINEN SERVICE HOUSEKEEPING	8. 00 9. 00	0	40. 00 41. 00
42. 00	LAB - OPERATION OF PLANT	В		OPERATION OF PLANT	7. 00	0	
42. 01	CRNA	Α	-59, 933	DELIVERY ROOM & LABOR ROOM	52.00	0	
45.00	HAMILTON CENTER OPERATION OF	Α	-76, 092	OPERATION OF PLANT	7. 00	0	45. 00
45.00	PLANT		-72, 956 [	DIFTADV	10.00	0	45.00
45. 02 45. 03	HAMILTON CENTER NUTRITION FITNESS ACTIVITY	A B		EMPLOYEE BENEFITS DEPARTMENT	10. 00 4. 00	0	
45. 04	EQUI PMENT RENTAL	В		NEW CAP REL COSTS-MVBLE	2. 00	9	45. 04
				EQUI P			
45. 08	UHF - HOUSEKEEPI NG	A		HOUSEKEEPI NG	9. 00	0	45. 08
45. 09 45. 24	MI SCELLANEOUS CATERI NG	B B		OTHER ADMIN AND GENERAL CAFETERIA	5. 06 11. 00	0	45. 09 45. 24
45. 26	MANAGEMENT SERVICES	В		OTHER ADMIN AND GENERAL	5. 06	0	45. 26
45. 27	PHYSICIAN MEALS	В		CAFETERI A	11. 00	0	45. 27
45. 29	OTHER RENTAL	В		OPERATION OF PLANT	7. 00	0	
45. 32	UHF - ADMINISTRATION	A B		OTHER ADMIN AND GENERAL	5. 06	0	45. 32
45. 37 45. 38	LOBBY PHARMACY LOBBYING COSTS	A A		EMPLOYEE BENEFITS DEPARTMENT OTHER ADMIN AND GENERAL	4. 00 5. 06	0	45. 37 45. 38
45. 39	AP&S REVENUE	В		NONPATI ENT TELEPHONES	5. 01	0	
45. 40	AP&S REVENUE	В		NEW CAP REL COSTS-BLDG &	1. 00	9	45. 40
45 40	ADOC DEVENUE			FIXT	F 00		45 40
45. 42 45. 43	AP&S REVENUE AP&S REVENUE	B B		DATA PROCESSING OTHER ADMIN AND GENERAL	5. 02 5. 06	0	45. 42 45. 43
45. 44	COH REVENUE	В		NEW CAP REL COSTS-BLDG &	1. 00	9	45. 44
			F	FI XT			
	COH REVENUE	В		NONPATIENT TELEPHONES	5. 01	0	
45. 47	PHYSICIAN RENTAL	A		NEW CAP REL COSTS-BLDG & FLXT	1. 00	9	45. 47
45. 48	PHYSICIAN RENTAL	А	l l	OPERATION OF PLANT	7. 00	0	45. 48
45. 49	ACCELERATED DEPRECIATION	Α		NEW CAP REL COSTS-BLDG &	1. 00	9	45. 49
47.00	CHILD DIDTH CLASS	Б	l l	FLAT	F0 00	_	4/ 00
46. 00 46. 01	CHILD BIRTH CLASS CONTINUING EDUCATION	B B		DELIVERY ROOM & LABOR ROOM OTHER ADMIN AND GENERAL	52. 00 5. 06	0	
46. 02	EDUCATION SERVICES	В		OTHER ADMIN AND GENERAL	5. 06	0	
46. 03	TRANSCRI PTI ON	В	-5, 590	MEDICAL RECORDS & LIBRARY	16. 00	0	46. 03
46. 04	VHA	В		DRUGS CHARGED TO PATIENTS	73. 00	0	
46. 07	TIME SAVERS	B B		EMPLOYEE BENEFITS DEPARTMENT	4. 00 9. 00	0	46.07
46. 08 46. 09	HOUSEKEEPI NG LANDSBAUM	B B		HOUSEKEEPING OPERATION OF PLANT	7. 00	0	46. 08 46. 09
46. 10	MAPLE CENTER	В		OTHER ADMIN AND GENERAL	5. 06	0	
46. 11	PROF SUPPORT UHS	В	-431	OTHER ADMIN AND GENERAL	5. 06	0	
46. 12	HAF EXPENSE	A		OTHER ADMIN AND GENERAL	5. 06	0	
46. 13 46. 14	CRNA S&W/BENEFITS PHYSICIAN EQUIPMENT REVENUE	A B		DELIVERY ROOM & LABOR ROOM OPERATION OF PLANT	52. 00 7. 00	0	46. 13 46. 14
50. 00	1	D	8, 964, 634	OLENATION OF FLANT	7.00	U	50.00
	(Transfer to Worksheet A,						
	column 6, line 200.)						
(1) Do	scription - all chapter referen	scoc in thic co	Jump portain to	CMS Dub 15 1			

<sup>(1)</sup> 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.

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

Health Financial Systems		UNI ON HOSPI	TAL, INC.	In Lie	u of Form CMS-2	2552-10
ADJUSTMENTS TO EXPENSES			Provi der CCN: 150023	Peri od:	Worksheet A-8	
				From 09/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared: 7 pm
			Expense Classification (	on Worksheet A		
			To/From Which the Amount i	s to be Adjusted		
Cost Center Description	Basis/Code	Amount	Cost Center	Li ne #	Wkst. A-7	
cost center bescription	(2)	AIIIOUITE	Cost Center	Line #	Ref.	
		0.00	2.00	1.00		
	1. 00	2. 00	3. 00	4. 00	5. 00	

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME Provider CCN: 150023 Peri od: Worksheet A-8-1 From 09/01/2014 To 12/31/2014 OFFICE COSTS Date/Time Prepared:

			_			5/27/2015 5: 2	7 pm
	Li ne No.	Cost Center		Expense Items	Amount of	Amount	
				·	Allowable Cost	Included in	
						Wks. A, column	
						5	
	1.00	2.00		3. 00	4. 00	5. 00	
	A. COSTS INCURRED AND ADJUST	MENTS REQUIRED AS A RESULT OF	TRAN	SACTIONS WITH RELATED O	RGANIZATIONS OR	CLAIMED HOME	
	OFFICE COSTS:						
1.00	23. 01	OTHER MED ED	PARAM	IED	0	119, 385	1.00
2.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME	OFFI CE	l ol	718, 850	2.00
3.00		NEW CAP REL COSTS-MVBLE EQUI			l o	1, 867, 652	3.00
4.00	5. 01	NONPATIENT TELEPHONES	HOME	OFFI CE	l o	72, 435	4.00
4. 01	7.00	OPERATION OF PLANT	HOME	OFFICE	l ol	421, 759	4. 01
4. 02	9.00	HOUSEKEEPI NG	HOME	OFFICE	l ol	194, 166	4. 02
4. 03		NEW CAP REL COSTS-BLDG & FIX			653, 112	0	4. 03
4. 04		NEW CAP REL COSTS-MVBLE EQUI			1, 654, 811	0	4. 04
4. 05		EMPLOYEE BENEFITS DEPARTMENT			10, 281, 890	0	4. 05
4. 06		l .		OFFICE	62, 845	0	4. 06
4. 07		DATA PROCESSING		OFFI CE	3, 894, 944	0	4. 07
4. 08	1	PURCHASING RECEIVING AND STO			417, 271	0	4. 08
4. 09		CASHI ERI NG/ACCOUNTS RECEI VAB	1		2, 218, 456	o	4. 09
4. 10		OTHER ADMIN AND GENERAL		OFFI CE	6, 598, 026	0	4. 10
4. 10	1	OPERATION OF PLANT	1	OFFI CE	861, 116	0	4. 11
4. 12	1	HOUSEKEEPI NG	1	OFFI CE	176, 410	0	4. 12
4. 12	II	DI ETARY		OFFI CE	50, 893	0	4. 12
4. 13	1	CAFETERI A		OFFI CE	81, 837	0	4. 13
4. 14	1	NURSING ADMINISTRATION		OFFI CE		0	4. 14
	II	l l			269, 518	0	
4. 16		MEDICAL RECORDS & LIBRARY	1	OFFI CE	87, 869	- 1	4. 16
4. 17	1	OPERATING ROOM		OFFI CE	54, 524	0	4. 17
4. 18				OFFI CE	4, 713	0	4. 18
4. 19	50. 02	l l		OFFI CE	34, 539	0	4. 19
4. 20		RECOVERY ROOM		OFFI CE	1, 438	0	4. 20
4. 21		RADI OLOGY-DI AGNOSTI C		OFFI CE	54, 384	0	4. 21
4. 22	l e	CT SCAN		OFFI CE	78, 205	0	4. 22
4. 23	II			OFFI CE	17, 887	0	4. 23
4. 24		CARDI AC CATHETERI ZATI ON		OFFI CE	80, 341	0	4. 24
4. 25		PHYSI CAL THERAPY		OFFI CE	-46, 211	0	4. 25
4. 26		O/P PHYSICAL THERAPY		OFFI CE	12, 445	0	4. 26
4. 27		OCCUPATI ONAL THERAPY	1	OFFICE	12, 961	0	4. 27
4. 28				OFFICE	3, 761	0	4. 28
4. 29		ELECTROCARDI OLOGY		OFFI CE	14, 816	0	4. 29
4. 30		CARDI AC REHAB		OFFI CE	1, 328	0	4. 30
4. 31		ELECTROENCEPHALOGRAPHY		OFFI CE	6, 753	0	4. 31
4. 32		DRUGS CHARGED TO PATIENTS	1	OFFI CE	137, 733	0	4. 32
4. 33		WOUND CLINIC	1	OFFI CE	1, 763	0	4.33
4. 34	1	PHYSI CAL THERAPY	1	THERAPI ES	446, 113	1, 124, 665	4.34
4. 35	66. 02	O/P PHYSICAL THERAPY	UNI ON	THERAPI ES	743, 931	852, 328	4. 35
4. 36	67.00	OCCUPATI ONAL THERAPY	UNI ON	THERAPI ES	315, 200	0	4. 36
4. 37	68.00	SPEECH PATHOLOGY	UNI ON	THERAPI ES	82, 137	74, 714	4.37
4. 38	194.06	SYCAMORE SPORTS MED	UNI ON	THERAPI ES	0	189, 645	4.38
5.00	0		0		29, 367, 759	5, 635, 599	5.00
* The	amounts on lines 1-4 (and sul	oscripts as appropriate) are	trans	ferred in detail to Work	ksheet A. columi	n 6. lines as	

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

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			
Symbol (1)	Name	Percentage of	Name	Percentage of			
Symbol (1)	Name	Ownershi p	Name	Ownershi p			
1. 00	2. 00	3.00	4. 00	5. 00			
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:							

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

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

6. 00	G	0. 00 UNI ON HOSPI TAL 100. 00	6. 00
7.00	G	0.00 UNI ON THERAPY 100.00	7.00
8.00		0.00	8.00
9. 00		0.00	9.00
10.00		0.00	10.00

Heal th	Financial Systems	UNI ON HOSP	PITAL, INC.		In Lie	eu of Form CMS-	2552-10
		RELATED ORGANIZATIONS AND HO	ME Provi der	CCN: 150023	Peri od: From 09/01/2014	Worksheet A-8	3-1
OFFICE	COSTS				To 12/31/2014	Date/Time Pro 5/27/2015 5:2	27 pm
			Related Organ	nization(s) and/o	or Home Office		
	Symbol (1)	Name	Percentage of	1	Name	Percentage of	
			Ownershi p			Ownershi p	
	1. 00	2. 00	3.00	4	4. 00	5. 00	
100.00	G. Other (financial or	OTHER					100.00
	non-financial) specify:						

- (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 organi zati on.
- 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 provi der.

	Financial Syst			I ON HOSPI TAL,				of Form CMS	
		SERVICES FROM	RELATED ORGANI ZATI ON	S AND HOME	Provi der	CCN: 150023	Period: From 09/01/2014	Worksheet A	-8-1
OFFI CE	COSTS						To 12/31/2014	Date/Time Pr 5/27/2015 5:	repared: 27 pm
	Net	Wkst. A-7 Ref.							
	Adjustments								
	(col. 4 minus								
	col . 5)*	7.00	_						
	6.00	7.00	MENTS DECILI DED AS A D	FOULT OF TRAN	CAOTLONG	WITH DELATED	ODOANI ZATI ONO OD	OLALMED HOME	
	OFFICE COSTS:	KRED AND ADJUST	MENTS REQUIRED AS A R	ESULT OF TRAN	SACTIONS V	WITH RELATED	ORGANIZATIONS OR	CLAIMED HOME	-
1. 00	-119, 385	0							1.00
2. 00	-718, 850	1							2.00
3. 00	-1, 867, 652	1							3.00
4. 00	-72, 435								4.00
4. 01	-421, 759								4. 01
4. 02	-194, 166	1							4. 02
4.03	653, 112	9							4. 03
4.04	1, 654, 811	9							4. 04
4.05	10, 281, 890	0	)						4.05
4.06	62, 845	0							4. 06
4.07	3, 894, 944	0							4. 07
4.08	417, 271								4. 08
4.09	2, 218, 456		l .						4. 09
4. 10	6, 598, 026	1							4. 10
4. 11	861, 116	1							4. 11
4. 12	176, 410								4. 12
4. 13	50, 893		l .						4. 13
4. 14	81, 837		l .						4. 14
4. 15	269, 518	1	l .						4. 15
4. 16	87, 869		l .						4. 16
4. 17	54, 524								4. 17
4. 18	4, 713 34, 539								4. 18 4. 19
4. 19 4. 20	1, 438								4. 19
4. 20	54, 384								4. 20
4. 22	78, 205								4. 22
4. 23	17, 887								4. 23
4. 24	80, 341		l .						4. 24
4. 25	-46, 211								4. 25
4. 26	12, 445		l .						4. 26
4. 27	12, 961								4. 27
4. 28	3, 761								4. 28
4. 29	14, 816								4. 29
4.30	1, 328								4. 30

\* 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.

4.31

4.33

4.34

4.35

4.36

4. 37

4. 38 5. 00

	Related Organization(s)				
	and/or Home Office				
	Type of Business		1		
	6. 00				
	0:00		4		
	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.

TOT IIIDAT SCHICITE ATTACK THE AVITT.						
6. 00	HOME OFFICE		6.00			
7.00	THERAPI ES		7.00			
8.00			8.00			
9. 00 10. 00			9.00			
10.00		1	10.00			
100.00		10	00.00			

4.31

4.32

4.33

4.34

4.35

4.36

4. 37

4.38

5.00

6, 753

1,763

137, 733

-678, 552

-108, 397

315, 200

-189, 645

23, 732, 160

7,423

Heal th	Financial Systems	UNI ON HOSPI TAL,	INC.	In Lie	u of Form CMS-25	52-10
STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME			Provi der CCN: 150023	Peri od:	Worksheet A-8-1	I
OFFICE	COSTS			From 09/01/2014		
				To 12/31/2014	Date/Time Prepa	
					5/27/2015 5: 27	pm
	Related Organization(s)					
	and/or Home Office					
	Type of Business					
	51					
	6. 00					
	5. 00					

- (1) Use the following symbols to indicate interrelationship to related organizations:
- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.B. Corporation, partnership, or other organization has financial interest in provider.C. Provider has financial interest in corporation, partnership, or other organization.

- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related
- 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 provi der.

Provi der CCN: 150023

Peri od: From 09/01/2014 To 12/31/2014 Worksheet A-8-2 Date/Time Prepared: 5/27/2015 5: 27 pm

							12/31/2019	5/27/2015 5: 2	27 pm
	Wkst. A Line #	Cost Center/Physician	Total	Profes	si onal	Provi der	RCE Amount	Physi ci an/Prov	
		l denti fi er	Remuneration	Compo	nent	Component		ider Component	
								Hours	
	1. 00	2. 00	3. 00	4.		5. 00	6. 00	7. 00	
1. 00		ADULTS & PEDIATRICS	1, 132, 341	1,	115, 674		136, 700	67	1.00
2.00		INTENSIVE NURSERY	86, 667		86, 667		152, 100	0	
3.00		SUBPROVI DER - I RF	33, 750		0	,	171, 400	433	3.00
4.00		OPERATING ROOM	1, 996, 400		996, 400		204, 100	0	
5.00	50. 01	CARDI AC SURGERY	760, 219		760, 219	0	204, 100	0	5.00
6.00		DELIVERY ROOM & LABOR ROOM	-47, 754		-47, 754	0	194, 500	0	6. 00
7.00		RADI OLOGY-DI AGNOSTI C	2, 268, 055	2,	259, 722	8, 333	231, 100	56	7. 00
8.00	56. 00	RADI OI SOTOPE	1, 550		1, 550	0	231, 100	0	8. 00
9. 00		LABORATORY	205, 667		0	205, 667	219, 500	1, 600	9. 00
10.00	69. 00	ELECTROCARDI OLOGY	35, 470		32, 720		231, 100	40	10.00
11.00	70.00	ELECTROENCEPHALOGRAPHY	786, 092		786, 092	2	231, 100	0	11.00
12.00	90. 05	PATIENT NUTRITION	5, 750		0	5, 750	171, 400	22	12.00
13.00	22. 00	I&R SERVICES-OTHER PRGM	333, 966		0	333, 966	171, 400	3, 013	13.00
		COSTS APPRVD							
200.00			7, 598, 173		991, 290				200.00
	Wkst. A Line #		Unadjusted RCE			Cost of	Provi der	Physician Cost	
		l denti fi er	Limit			Memberships &		of Malpractice	
				Lin	i t	Conti nui ng	Share of col.	Insurance	
						Educati on	12		
	1.00	2.00	8. 00	9.		12. 00	13. 00	14. 00	
1. 00		ADULTS & PEDIATRICS	4, 403		220		0	4, 493	1.00
2.00		I NTENSI VE NURSERY	0		0	_	0	0	
3.00		SUBPROVI DER - I RF	35, 681		1, 784		0	0	
4. 00		OPERATING ROOM	0		0	_	0	12, 575	
5. 00		CARDI AC SURGERY	0		0	_	0	8, 017	5.00
6. 00		DELIVERY ROOM & LABOR ROOM	0		0		0	2, 085	
7. 00		RADI OLOGY-DI AGNOSTI C	6, 222		311		0	13, 243	
8. 00		RADI OI SOTOPE	1/0 04/		0 443	1	ı	0	8.00
9. 00		LABORATORY	168, 846		8, 442		0	0	
10.00		ELECTROCARDI OLOGY	4, 444	1	222		0	0	
11.00		ELECTROENCEPHALOGRAPHY PATIENT NUTRITION	0	ı	0 91		0	14, 492 0	
12. 00 13. 00		I&R SERVICES-OTHER PRGM	1, 813	1	12, 414	_	0	0	
13.00	22.00	COSTS APPRVD	248, 283		12,414	0	0	0	13.00
200.00		COSTS AFFRYD	469, 692		23, 484	0	_	54 905	200.00
200.00	Wkst. A Line #	Cost Center/Physician	Provi der	Adj ust		RCE	Adjustment	34, 703	200.00
	WKSt. A LITTO #	I denti fi er	Component	Lin		Di sal I owance	Adj d3 tillett		
			Share of col.			Broar romanoo			
			14						
	1.00	2. 00	15. 00	16.	00	17. 00	18. 00		
1. 00	30.00	ADULTS & PEDIATRICS	66		4, 469	12, 198	1, 127, 872		1.00
2.00	35. 00	INTENSIVE NURSERY	0		0	0	86, 667		2.00
3.00	41. 00	SUBPROVI DER - I RF	0		35, 681	0	0		3. 00
4.00	50.00	OPERATING ROOM	0		0	0	1, 996, 400		4.00
5.00	50. 01	CARDI AC SURGERY	0		0	0	760, 219		5. 00
6.00	52. 00	DELIVERY ROOM & LABOR ROOM	0		0	0	-47, 754		6. 00
7.00	54.00	RADI OLOGY-DI AGNOSTI C	49		6, 271	2, 062	2, 261, 784		7. 00
8.00	56. 00	RADI OI SOTOPE	0		0	0	1, 550		8. 00
9.00		LABORATORY	0		168, 846	36, 821	36, 821		9. 00
10.00	69.00	ELECTROCARDI OLOGY	0		4, 444	0	32, 720		10.00
11.00		ELECTROENCEPHALOGRAPHY	0		0		786, 092		11. 00
12.00	90. 05	PATIENT NUTRITION	0		1, 813	3, 937	3, 937		12.00
13.00	22. 00	I&R SERVICES-OTHER PRGM	0	]	248, 283	85, 683	85, 683		13. 00
		COSTS APPRVD							
200.00			115		469, 807	140, 701	7, 131, 991		200. 00

| Peri od: | Worksheet B | From 09/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | From Prepared: | F Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 150023

					To	12/31/2014	Date/Time Pre 5/27/2015 5:2	
				CAPI TAL REI	ATED COSTS		3/2//2013 3.2	7 piii
		Cost Center Description	Net Expenses	NEW BLDG &	NEW MVBLE	EMPLOYEE	NONPATI ENT	
			for Cost Allocation	FLXT	EQUI P	BENEFITS DEPARTMENT	TELEPHONES	
			(from Wkst A			DEI ARTIMENT		
			col. 7)					
			0	1. 00	2. 00	4. 00	5. 01	
1. 00		AL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT	8, 338, 903	8, 338, 903				1. 00
2. 00		NEW CAP REL COSTS-MVBLE EQUIP	3, 804, 997	0, 330, 703	3, 804, 997			2.00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT	10, 920, 463	65, 990		10, 986, 453		4.00
5. 01		NONPATI ENT TELEPHONES	294, 459	5, 619	1	59, 163	383, 270	5. 01
5. 02	1	DATA PROCESSING	3, 711, 928 285, 632	0		0	0	5. 02
5. 03 5. 04		PURCHASING RECEIVING AND STORES   ADMITTING	622, 789	26, 187	6, 581	128, 009	7, 226	5. 03 5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE	2, 218, 456	0		0	0	5. 05
5.06		OTHER ADMIN AND GENERAL	8, 173, 686	153, 035	47, 091	483, 725	28, 588	5.06
7.00		OPERATION OF PLANT	2, 143, 314	2, 896, 791		7, 108	15, 708	7.00
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	311, 433 1, 791, 160	51, 211 45, 439		80, 757 290, 776	1, 885 1, 571	8. 00 9. 00
10.00		DI ETARY	711, 961	93, 870		143, 870	10, 367	10.00
11.00		CAFETERI A	-8, 085	66, 982		52, 027	0	11.00
13.00		NURSING ADMINISTRATION	928, 920	20, 320		182, 260	2, 199	13.00
16.00		MEDICAL RECORDS & LIBRARY	1, 099, 207	45, 182		217, 768	12, 880	16.00
17. 00 21. 00		SOCIAL SERVICE   I&R SERVICES-SALARY & FRINGES APPRVD	58, 079 456, 412	1, 676 0		16, 330 132, 692	1, 257 0	17. 00 21. 00
22. 00	1	I&R SERVICES-OTHER PRGM COSTS APPRVD	871, 512	0		180, 386	0	22.00
23. 00		PARAMED ED PRGM	63, 449	0		16, 286	0	23. 00
23. 01		OTHER MED ED	98, 461	6, 158	840	26, 219	0	23. 01
20.00		TENT ROUTINE SERVICE COST CENTERS	7 047 474	4 (00 004	F0F 400	0.475.040	F0 (00	20.00
30. 00 31. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	7, 217, 471 2, 343, 632	1, 608, 231 196, 618		2, 175, 942 596, 258	59, 690 11, 938	
35. 00		INTENSIVE GARE ONLY	814, 340	24, 631		212, 868	5, 969	35.00
41.00		SUBPROVI DER - I RF	565, 694	168, 660		143, 178	11, 310	
43.00		NURSERY	343, 445	33, 585	3, 583	101, 686	1, 257	43.00
FO 00		LARY SERVICE COST CENTERS	2 572 252	240 270	(57.010	050 524	25 7/1	F0 00
50. 00 50. 01	1	OPERATING ROOM CARDIAC SURGERY	3, 572, 353 744, 859	348, 379 15, 394		959, 524 255, 540	25, 761 2, 199	50. 00 50. 01
50. 02	05001		3, 731, 960	256, 809		4, 063	2, 177	50.01
51.00		RECOVERY ROOM	599, 401	12, 247		155, 611	5, 969	51.00
51. 02		O/P TREATMENT ROOM	877, 545	182, 541		236, 039	9, 425	
52. 00 54. 00		DELIVERY ROOM & LABOR ROOM   RADIOLOGY-DIAGNOSTIC	1, 101, 698	177, 931		368, 118	8, 168	52. 00 54. 00
55. 00		RADI OLOGY-DI AGNOSTI C	2, 156, 287 1, 660, 656	296, 424 225, 696		1, 050, 142 39, 306	25, 447 14, 765	
56. 00		RADI OI SOTOPE	433, 135	12, 555		34, 854	0	56.00
57. 00		CT SCAN	781, 593	18, 576		103, 437	2, 199	
58.00		MAGNETIC RESONANCE IMAGING (MRI)	626, 189	22, 176		51, 703	1, 571	
59. 00 60. 00		CARDI AC CATHETERI ZATI ON LABORATORY	6, 219, 190 3, 045, 164	142, 773 0		68, 990 0	10, 681 2, 513	
62.00		WHOLE BLOOD & PACKED RED BLOOD CELLS	553, 966	0		o		62.00
65.00		RESPI RATORY THERAPY	1, 276, 867	18, 251		290, 449		65. 00
66.00	1	PHYSI CAL THERAPY	526, 277	86, 806		18, 707		66. 00
66. 01	1	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	004 404	0		0	0	66. 01
66. 02 67. 00		O/P PHYSICAL THERAPY OCCUPATIONAL THERAPY	984, 404 328, 161	0 14, 180		0	628 1, 885	
68. 00		SPEECH PATHOLOGY	110, 943	28, 120		ő	628	
69. 00		ELECTROCARDI OLOGY	616, 433	11, 161	75, 354	145, 670	2, 827	
69. 01		CARDI AC REHAB	113, 136	61, 577		28, 988	2, 199	
70. 00 71. 00	1	ELECTROENCEPHALOGRAPHY MEDICAL SUPPLIES CHARGED TO PATIENTS	265, 265 313, 224	12, 871 48, 851		251, 153 0	5, 969 4, 398	
71.00		IMPL. DEV. CHARGED TO PATIENTS	3, 651, 538	46, 631		0	4, 390	71.00
		DRUGS CHARGED TO PATIENTS	10, 521, 761	109, 829		357, 574	16, 022	73.00
76. 00		RENAL ACUTE	431, 018	30, 147	349	0	1, 885	76. 00
00.00		TIENT SERVICE COST CENTERS		0		ما	0	00.00
90. 00 90. 05		CLINIC PATIENT NUTRITION	111, 571	0 16, 506	_	0 30, 239	0	90. 00 90. 05
90. 07		WOUND CLINIC	410, 066	33, 346		35, 603	4, 084	
91.00	1	EMERGENCY	2, 020, 421	205, 863		465, 981	20, 734	
92. 00		OBSERVATION BEDS (NON-DISTINCT PART)						92.00
110 0		AL PURPOSE COST CENTERS	10F 044 700	7 000 101	2 EEO (74	10, 100, 000	252.740	110 00
118. 00		SUBTOTALS (SUM OF LINES 1-117)  IMBURSABLE COST CENTERS	105, 966, 799	7, 899, 194	3, 558, 671	10, 198, 999	353, 740	110.00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190. 00
194.00	07950	RURAL HEALTH	969, 436	0		146, 635	314	194. 00
		RENTAL PROPERTY	83, 368	0		18, 008		194. 01
194. 02	<u>4</u>  U/954	FAMILY PRACTICE	591, 843	317, 043	145, 494	162, 021	21, 048	194. 02

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 09/01/2014	Worksheet B Part I	1
				To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		CAPI TAL REL	LATED COSTS			
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATI ENT TELEPHONES	
	0	1.00	2. 00	4. 00	5. 01	
194. 03 07952 WELLNESS	108, 776	98, 155		0 24, 250	0	194. 03
194. 04 07955 PHYSI CI AN PRACTI CES	2, 364, 012	0	73, 95	3 403, 227	7, 540	194. 04
194.06 07953 SYCAMORE SPORTS MED	135, 319	0	2, 80	6 1, 280	0	194. 06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	304, 742	24, 511	2, 00	2 32, 033	628	194. 07
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)	110, 524, 295	8, 338, 903	3, 804, 99	7 10, 986, 453	383, 270	202. 00

| Peri od: | Worksheet B | From 09/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | From Prepared: | F Provi der CCN: 150023

CORRECT DESCRIPTION						'	0 12/31/2014	Date/lime Pre   5/27/2015 5:2	
STORES			Cost Center Description	DATA	PURCHASI NG	ADMITTING	CASHI ERI NG/AC		, p
Description   Service ONT CREEKS   5.92   5.93   5.94   5.95				PROCESSI NG					
DEBREAL SERVICE COST CENTERS				5.02		5.04		54 05	
1.00   00000   MARC CAP   REL COSST-SENDE & PIXT   0.00		GENER	AL SERVICE COST CENTERS	3. 02	3.03	3.04	3.03	JA. 05	
4.00 OOOOO DEPLOYE ERPERT IS DEPARTMENT 5.01 OOOOOO DEPLOYE ERPERT IS DEPARTMENT 5.02 OOOOOO DEPLOYE SHEEL HIS AND STORES 6.01 OOOOOO DEPLOYE SHEEL HIS AND STORES 6.02 OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO		1							
5.01   0.0044   NORMATIENT TELEPHONES   3,711, 928   5.02   0.0046   PARCHASIN RECELT WING AND STORES   0.0046   PARCHASIN RECELT WING AND STORES   0.0046   PARCHASIN RECELT WING AND STORES   0.0046   0.0046   PARCHASIN RECELT WING AND STORES   0.0046									1
5.02   000-0000   000-0000   000-0000   000-0000   000-0000   000-0000   000-0000   000-0000   000-0000   000-0000   000-00000   000-00000   000-0000000   000-00000000		1							1
5.00   ODBORD PRINCIPLES IN EFECT VIN CAMP STORES   1, 20, 218, 486   5, 04   5, 05   5, 06   ODBORD AND TEN IN COLORIST STOCT VARIE   22, 285   30   0, 2, 218, 486   7, 00   5, 05, 06   5,				3 711 928					
10.00   10.00 ADMITTHING   1.00   10.00   2.218.456   5.00   5.		1		0,711,720					1
5.06   005990   OTHER ARMIN AMD CENTRAL   222.895   25				41, 785					1
7. 0.0         0.0700   DOPERATION OF PLANT         66, 16.0         7         0         0         5, 231, 469         7, 00         0         5, 231, 469         7, 00         0         5, 231, 469         7, 00         0         5, 217, 70         8, 00         5, 217, 70         0         0         5, 217, 70         8, 00         5, 217, 40         10         0         0         0         1, 133, 70         10         0         0         0         1, 133, 70         10         0         0         0         0         1, 133, 70         10         10         1, 133, 70         10         0         0         0         0         0         0         0         1, 133, 505         12         0         10         1, 133, 505         12         0         10         1, 136, 505         12         0         0         0         0         1, 136, 505         12         0 </td <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td>1</td>				0					1
0.000   JOSPON   JAUNDRY & LINEN SERVICE   13, 928   435   0   0   521, 970   8, 00   10.00   10.000   DIETARY   48, 750   110   0   0   0   1.33, 779   10.00   10.000   DIETARY   48, 750   110   0   0   0   0   1.33, 779   10.00   10.000   DIETARY   48, 750   110   0   0   0   0   1.33, 779   10.00   10.000   DIETARY   71, 411   0   0   0   0   0   1.33, 779   10.00   10.000   DIETARY   71, 411   0   0   0   0   0   0   1.33, 778   11.00   10.000   DIETARY   71, 411   0   0   0   0   0   0   0   0   0		1		,					
0.000   0.0900   0.0900   0.0900   0.0900   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000		1							1
10.00   01000   DETARY   48,750   19   0   0   1,133,719   10.00   10.00   11300   NIRSH RG ADMINISTRATION   0   0   0   0   0   1,336,505   13.00   13.00   NIRSH RG ADMINISTRATION   0   0   0   0   0   0   1,365,505   13.00   1.50   13.00   NIRSH RG ADMINISTRATION   0   0   0   0   0   1,503,305   13.00   1.50   1.		1							
13.00   0300   NIRSI NO ADMIN STRATION   0   0   0   1,136,505   13.00		1					o		1
16.00   01600   MEDICAL RECORDS & LIBRARY   201, 942   40   0   0   1,593, 238   16.00   21.00   21000   18A SERVI CES-SALARY & FRINGES APPRVD   0   0   0   0   0   0   599, 104   21.00   22.00   22200   18A SERVI CES-SALARY & FRINGES APPRVD   0   0   0   0   0   0   1,519, 892   21.00   23.00   22300   19ARANELD LD PRGM   0   0   0   0   0   0   797, 735   23.00   23.00   22300   19ARANELD LD PRGM   0   0   0   0   0   0   797, 735   23.00   23.00   22300   19ARANELD LD PRGM   0   0   0   0   0   797, 735   23.00   23.00   22300   19ARANELD LD PRGM   0   0   0   0   0   1,519, 692   23.00   22300   19ARANELD LD PRGM   0   0   0   0   0   0   0   0   23.00   23300   23400   19ARANELD LD PRGM   0   0   0   0   0   0   0   23.00   23300   23400   19ARANELD LD PRGM   0   0   0   0   0   0   0   23.00   23300   23400   19ARANELD LD PRGM   0   0   0   0   0   0   0   23.00   23300   23400   19ARANELD LD PRGM   0   0   0   0   0   0   0   0   23.00   23300   23400   19ARANELD LD PRGM   0   0   0   0   0   0   0   0   0		1		17, 411					1
17.00   01700   SCOLAL SERVICE   10,444   0   0   0   37,788   17.00   22.00   0200   148 SERVICES-SALARY & FRINGES APPRVD   0   0   0   0   0   0   0   0   22.00   22.00   22.00   02.00   148 SERVICES-OTHER PREGN COSTS APPRVD   0   0   0   0   0   0   7.973   23.00   23.00   23.00   02.00   048 SERVICES-OTHER PREGN COSTS APPRVD   0   0   0   0   7.973   23.00   23.00   02.00   03.00		1		_					
21.00 0200   IBS SERVICES-SALARY & FRINCES APPRVD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
22.00				10, 446					
23.00				0	1			· ·	1
INPATT   ENT ROUTI NE SERVICE COST CENTERS	23. 00	1		0	0	0	О		
0.000   0.00000   0.0000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.00000   0.000000   0.00000000	23. 01			0	0	0	0	131, 678	23. 01
31.00   03100   INTENSIVE CARE UNIT	20.00			422 744	41 244	142 205	105 710	12 500 520	20.00
1.00   0.000   0.000   INTENSIVE NURSERY   17, 411   5, 243   26, 263   28, 973   1, 186, 936   35, 00		1		,					
14. 00   04100 SUBPROVI DER - 1 RF   149, 731   2,508   0,8,515   9,362   515,61   43. 00   43. 00   43.00   MIRSERY   13,928   0,8,515   9,362   515,61   43. 00									
MORITHARY SERVICE COST CENTERS	41.00	04100	SUBPROVI DER - I RF						
50.00	43.00	-		13, 928	0	8, 515	9, 362	515, 361	43.00
50.00   05000   CARDI AC SURGERY   13,928   69,781   23,126   26,187   1,216,747   50.00   50.00   05100   RECOVERY ROOM   24,375   6,368   2,861   7,723   852,681   51.00   51.00   05100   RECOVERY ROOM   24,375   6,368   2,861   7,723   852,681   51.00   52.00   05200   DELI VERY ROOM & LABOR ROOM   17,411   15,433   22,989   38,222   1,889,407   52.00   52.00   DELI VERY ROOM & LABOR ROOM   17,411   15,433   22,989   38,222   1,889,407   52.00   55.00   05500   RADI OLGY-HERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   05500   RADI OLGY-HERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   05500   RADI OLGY-HERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   05500   RADI OLGY-HERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   05500   RADI OLGY-HERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   05500   RADI OLGY-HERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   05500   CARDIAC CATHETERI ZATI CON   66,160   2,264   46,224   179,939   6,767,506   59.00   05500   CARDIAC CATHETERI ZATI CON   66,160   2,064   46,224   179,939   6,767,506   59.00   05500   CARDIAC CATHETERI ZATI CON   66,944   0   59,203   138,185   3,252,029   60.00   06000   HADRATORY HERAPY   76,606   88   17,448   28,484   778,418   66.00   06000   PHYSI CAL THERAPY   76,606   88   17,448   28,484   778,418   66.00   06000   PHYSI CAL THERAPY   76,606   88   17,448   28,484   778,418   66.00   06000   PHYSI CAL THERAPY   74,600   74,600   74,769,803   66.00   06000   PHYSI CAL THERAPY   74,600   74,600   74,769,803   74,769,80	F0 00			144 040	10.040	154.50/	205 207	( 404 040	1 50 00
50.00   GSOO2   WSC   COD   RECOVERY ROOM   24,375   6,368   2,861   7,723   852,681   51.00   51.00   GSOO   RECOVERY ROOM   24,375   6,368   2,861   7,723   852,681   51.00   51.00   GSOO   RECOVERY ROOM   24,375   6.368   2,861   7,723   852,681   51.00   51.00   GSOO   RELIVERY ROOM   24,375   6.368   2,861   7,723   852,681   51.00   51.00   55.00   GSOO   RELIVERY ROOM   2,71,604   3,196   19,703   119,657   4,323,732   54.00   6.00   6.00   0,0		1							
51.00   OSTOIQ RECOVERY ROOM   24,375   6,368   2,861   7,723   852,681   51.00		1		13, 720					
1.00   05200	51.00	05100	RECOVERY ROOM	24, 375					
54 00   05400   RADI OLOCY-DI AGNOSTIC   271,604   3, 196   19,703   119,657   4, 323,732   54, 00   55 00   05500   RADI OLOCY-THERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00   56,00   05600   RADI OLOCY-THERAPEUTIC   0   322   1,721   18,510   504,699   56,00   57,00   05700   CT SCAM   0   10,371   34,471   141,630   1,092,505   57.00   58.00   08500   MACMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   246   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   346   6,103   32,395   772,809   58.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   3,352   28,445   1,759,803   65.00   08500   AROMETIC RESONANCE IMAGING (MRI)   13,928   17,448   28,484   17,593   36,503   66.00   08,000				0					
15.0   05500   RADI OLOGY-THERAPEUTIC   13,928   126   3,100   76,832   2,245,763   55.00				,					
56. 00   05600   RADIO I SOTOPE   0   3.22   1,721   18,510   504,699   56. 00   57. 00   5700   CTS CAN   0   0,321   34,471   141,630   1,092,505   57. 00   58. 00   05900   CARDIA C CATHETERI ZATI ON   06,160   2,064   46,224   179,939   6,767,506   59. 00   05900   CARDIA C CATHETERI ZATI ON   06,160   2,064   46,224   179,939   6,767,506   59. 00   06,000   06000   LABORATORY   CATHETERI ZATI ON   06,160   0,000   0600   0,000   06000   LABORATORY   CATHETERI ZATI ON   0,000		1							
57.00   05700   CT SCAN   0   10,371   34,471   141,630   1,092,505   57.00     58.00   05900   MAGNETI C RESONANCE IMACI NG (MRI )   13,928   246   6,103   32,395   772,809   58.00     59.00   05900   CARDIAC CATHETERIZATION   66,160   2,064   46,224   179,939   6,767,506   59.00     59.00   05000   CARDIAC CATHETERIZATION   66,160   2,064   46,224   179,939   6,767,506   59.00     59.00   05000   MAGNETIC RESONANCE RED BLOOD CELLS   0   0   3,664   4,896   562,526   62.00     59.00   05000   MOLE BLOOD & PACKED RED BLOOD CELLS   0   0   0   3,873   28,445   1,759,803   65.00     50.00   05000   PHSYICAL THERAPY   24,375   6,909   23,873   28,445   1,759,803   65.00     66.01   06600   PHSYICAL THERAPY   76,606   88   17,448   28,484   778,418   66.00     66.01   06600   PHSYICAL THERAPY   27,857   347   0   13,433   1,047,093   66.02     66.02   06600   07,000   07,000   0   0   0   0   0   0   0     66.01   06601   PSYCHIATRI C/PSYCHOLGGI CAL SERVI CES   0   0   0   0   0   348,630   67.00     67.00   06700   07,000   07,000   07,000   0   0   0   0   0   0   0   0   0									
59.00   05900   CARDI AC CATHETERI ZATI ON   66.160   2,064   46,224   179,939   6,767,506   59,00   60.00				Ö					
60.00   06000   LABORATORY   Co. 00	58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13, 928	246	6, 103	32, 395	772, 809	58.00
62.00   06.00   06.00   PACKED RED BLOOD CELLS   0   0   3, 664   4, 896   562, 526   62.00									
65.00   06500   RESPIRATORY THERAPY   24, 375   6, 909   23, 873   28, 445   1, 759, 803   65. 00   66. 00   06600   PHYSI CAL THERAPY   76, 606   88   17, 448   28, 444   778, 418   66. 00   66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   0   0		1		6, 964					
66.00   06600   PHYSI CAL THERAPY   76,606   88   17,448   28,484   778,418   66.00   66.01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				24 375		-,			
66. 02   06602   0/P PHYSI CAL THERAPY   27,857   347   0   13,433   1,047,093   66. 02   67. 00   0   0   0   0   0   348,630   67. 00   67. 00   0   0   0   0   0   348,630   67. 00   68. 00   06800   SPEECH PATHOLOGY   3,482   0   0   0   1,239   1448,797   68. 00   69. 00   06900   ELECTROCARDI OLOGY   41,785   856   14,826   29,917   938,829   69. 00   69. 01   06901   CARDI AC REHAB   6,964   32   354   2,682   234,967   69. 01   70. 00   07000   ELECTROCENCEPHALOGRAPHY   13,928   60   4,234   13,655   591,179   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   332   4,089   4,770   422,460   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   3,651,538   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   55,714   2,261   113,337   297,989   11,508,830   73. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   55,714   2,261   113,337   297,989   11,508,830   73. 00   76. 00   03020   RENAL ACUTE   0   1,172   4,737   5,690   474,998   76. 00   76.									
67. 00   06700   OCCUPATI ONAL THERAPY   0   0   0   348, 630   67. 00   68. 00   06800   SPEECH PATHOLOGY   3,41,785   856   14,826   29,917   938, 829   69. 00   69. 01   06901   CARDI AC REHAB   6,964   32   354   2,682   234,967   69. 01   70. 00   07000   CARDI AC REHAB   6,964   32   354   2,682   234,967   69. 01   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   332   4,089   4,770   422,460   71. 00   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0   3,651,538   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   55,714   2,261   113,337   297,989   11,508,830   73. 00   74. 00   03020   RENAL ACUTE   0   0   1,172   4,737   5,690   474,998   76. 00   03020   RENAL ACUTE   0   0   0   505   159,393   90. 05   79. 00   09000   CLINIC   13,928   1,332   0   9,468   515,262   90. 07   79. 00   09000   DERENGENCY   588,476   28,483   36,342   195,163   3,785,780   79. 00   09200   DESERVATION BEDS (NON-DISTINCT PART)   2,952,828   283,282   832,911   2,218,456   103,702,330   79. 00   09000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   10,446   0   0   0   0   0   79. 00   09000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   10,446   0   0   0   0   79. 00   09000   09000   09000   00   00	66. 01			0	0			0	66. 01
68.00   06800   SPECH PATHOLOGY   3,482   0   0   1,239   148,797   68.00   69.00   69.00   69.00   69.00   62ECTROCARDIOLOGY   41,785   856   14,826   29,917   938,829   69.00   69.00   69.01   620   629,917   68.00   69.00   69.00   620   629,917   68.00   69.00   629,917   68.00   69.00   69.00   629,917   68.00   69.00   69.00   629,917   68.00   69.00   69.00   629,917   68.00   69.00   69.00   69.00   629,917   68.00   69.00   6									
69. 00   06900   CARDI AC REHAB   06, 964   32   354   2, 682   234, 967   69. 01   06901   CARDI AC REHAB   06, 964   32   354   2, 682   234, 967   69. 01   07000   CARDI AC REHAB   06, 964   32   354   2, 682   234, 967   69. 01   07000   CARDI AC REHAB   06, 964   32   354   2, 682   234, 967   69. 01   07000   CARDI AC REHAB   08, 964   08, 97   07. 00   07000   CARDI AC REHAB   08, 964   08, 97   07. 00   07000   CARDI AC REHAB   08, 964   08, 97   07. 00   07000   CARDI AC REHAB   08, 97   07. 00   07. 0									
69. 01   06901   CARDI AC REHAB   6, 964   32   354   2, 682   234, 967   69. 01   70. 00   7000   ELECTROENCEPHALOGRAPHY   13, 928   60   4, 234   13, 635   591, 179   70. 00   71. 0									
70. 00   07000   ELECTROENCEPHALOGRAPHY   13, 928   60   4, 234   13, 635   591, 179   70. 00   71. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   332   4, 089   4, 770   422, 460   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   5   0   0   0   0   0   3, 651, 538   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   55, 714   2, 261   113, 337   297, 989   11, 508, 830   73. 00   76. 00   03020   RENAL ACUTE   0   1, 172   4, 737   5, 690   474, 998   76. 00   70. 0		1							
72. 00	70.00	07000	ELECTROENCEPHALOGRAPHY			4, 234		591, 179	70.00
73. 00				0					
76. 00 03020 RENAL ACUTE 0 1, 172 4, 737 5, 690 474, 998 76. 00 0UTPATIENT SERVICE COST CENTERS  90. 00 09000 CLINIC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				0	1				1
OUTPATIENT SERVICE COST CENTERS   OPO00   CLINIC   O   O   O   O   O   O   O   O   O									
90. 05	70.00				1,172	4, 757	3, 0,0	474, 770	70.00
90. 07   09007	90.00	09000	CLI NI C	0	0	0	0	0	90.00
91. 00				0					1
92. 00									
SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1-117)   2,952,828   283,282   832,911   2,218,456   103,702,330   118.00				588, 476	28, 483	36, 342	195, 163		
118. 00 SUBTOTALS (SUM OF LINES 1-117) 2, 952, 828 283, 282 832, 911 2, 218, 456 103, 702, 330 118. 00 NONREI MBURSABLE COST CENTERS  190. 00 19000 GI FT, FLOWER, COFFEE SHOP & CANTEEN 10, 446 0 0 0 1, 350, 909 194. 00 194. 01 07950 RURAL HEALTH 215, 891 633 0 0 1, 350, 909 194. 00 194. 01 07951 RENTAL PROPERTY 0 0 0 0 105, 447 194. 01 194. 02 07954 FAMI LY PRACTI CE 389, 996 374 0 0 0 1, 627, 819 194. 02 194. 04 07955 WELLNESS 0 0 0 0 231, 181 194. 03 194. 04 07955 PHYSI CI AN PRACTI CES 114, 910 1, 338 0 0 2, 964, 980 194. 04 194. 06 07953 SYCAMORE SPORTS MED 0 0 0 139, 405 194. 06	72.00				L				72.00
190. 00     19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN     10, 446     0     0     10, 446     190. 00       194. 00 07950 RURAL HEALTH     215, 891     633     0     0     1, 350, 909     194. 00       194. 01 07951 RENTAL PROPERTY     0     0     0     0     105, 447     194. 01       194. 02 07954 FAMI LY PRACTI CE     389, 996     374     0     0     1, 627, 819     194. 02       194. 03 07952 WELLNESS     0     0     0     0     231, 181     194. 03       194. 04 07955 PHYSI CI AN PRACTI CES     114, 910     1, 338     0     0     2, 964, 980     194. 04       194. 06 07953 SYCAMORE SPORTS MED     0     0     0     0     139, 405     194. 06	118.00			2, 952, 828	283, 282	832, 911	2, 218, 456	103, 702, 330	118.00
194. 00       07950       RURAL HEALTH       215, 891       633       0       0       1, 350, 909       194. 00         194. 01       07951       RENTAL PROPERTY       0       0       0       0       105, 447       194. 01         194. 02       07954       FAMI LY PRACTI CE       389, 996       374       0       0       1, 627, 819       194. 02         194. 03       07952       WELLNESS       0       0       0       231, 181       194. 03         194. 04       07955       PHYSI CI AN PRACTI CES       114, 910       1, 338       0       0       2, 964, 980       194. 04         194. 06       07953       SYCAMORE SPORTS MED       0       0       0       139, 405       194. 06			MBURSABLE COST CENTERS						
194. 01     07951     RENTAL PROPERTY     0     0     0     105, 447     194. 01       194. 02     07954     FAMI LY PRACTI CE     389, 996     374     0     0     1, 627, 819     194. 02       194. 03     07952     WELLNESS     0     0     0     0     231, 181     194. 03       194. 04     07955     PHYSI CI AN PRACTI CES     114, 910     1, 338     0     0     2, 964, 980     194. 04       194. 06     07953     SYCAMORE SPORTS MED     0     0     0     139, 405     194. 06									
194. 02 07954 FAMI LY PRACTICE     389, 996     374     0     0     1, 627, 819 194. 02       194. 03 07952 WELLNESS     0     0     0     0     231, 181 194. 03       194. 04 07955 PHYSI CI AN PRACTICES     114, 910     1, 338     0     0     2, 964, 980 194. 04       194. 06 07953 SYCAMORE SPORTS MED     0     0     0     139, 405 194. 06				215, 891		1	0		
194. 03 07952 WELLNESS     0     0     0     0     231, 181 194. 03       194. 04 07955 PHYSI CI AN PRACTI CES     114, 910     1, 338     0     0     2, 964, 980 194. 04       194. 06 07953 SYCAMORE SPORTS MED     0     0     0     0     139, 405 194. 06				389. 996					
194. 04 07955 PHYSI CI AN PRACTI CES 114, 910 1, 338 0 0 2, 964, 980 194. 04 194. 06 07953 SYCAMORE SPORTS MED 0 0 0 139, 405 194. 06				0	0	0			
	194. 04	07955	PHYSICIAN PRACTICES	114, 910		1	0	2, 964, 980	194. 04
194. U/U/950  PSYCHIATKI C/PSYCHULUGI CAL SERVI CES   2/, 85/  5  0  0  391, 778   194. 07				0 0 0 0 0					
	194.07	107956	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	27,857	<u> </u>	1 0	0	391, 778	1194.07

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150023	Peri od:	Worksheet B	
				From 09/01/2014		
				To 12/31/2014		
					5/27/2015 5: 2	27 pm
Cost Center Description	DATA	PURCHASI NG	ADMITTI NG	CASHI ERI NG/AC	Subtotal	
	PROCESSI NG	RECEIVING AND		COUNTS		
		STORES		RECEI VABLE		
	5. 02	5. 03	5. 04	5. 05	5A. 05	
200.00 Cross Foot Adjustments					C	200.00
201.00 Negative Cost Centers	0	0		0 0	C	201.00
202.00 TOTAL (sum lines 118-201)	3, 711, 928	285, 632	832, 91	1 2, 218, 456	110, 524, 295	202. 00

Provi der CCN: 150023

						0 12/31/2014	5/27/2015 5: 2	
		Cost Center Description	OTHER ADMIN	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
			AND GENERAL 5.06	PLANT 7. 00	LINEN SERVICE 8.00	9. 00	10.00	
	GENER	AL SERVICE COST CENTERS	3.00	7.00	0.00	7. 00	10.00	
1.00		NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00		NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	1	EMPLOYEE BENEFITS DEPARTMENT						4.00
5. 01		NONPATI ENT TELEPHONES						5. 01
5. 02 5. 03		DATA PROCESSING PURCHASING RECEIVING AND STORES						5. 02 5. 03
5. 03		ADMITTING						5.03
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
5. 06	1	OTHER ADMIN AND GENERAL	9, 109, 005					5.06
7.00	1	OPERATION OF PLANT	469, 885	5, 701, 354				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	46, 883	56, 243	625, 096			8. 00
9.00		HOUSEKEEPI NG	202, 476	49, 903		2, 508, 177		9. 00
10.00		DI ETARY	101, 830	103, 094		46, 214	1, 384, 857	10.00
11.00		CAFETERI A	12, 457	73, 563		32, 976	0	11.00
13. 00 16. 00		NURSING ADMINISTRATION MEDICAL RECORDS & LIBRARY	102, 080 143, 103	22, 317 49, 621	0	10, 004 22, 244	0	13. 00 16. 00
17. 00		SOCIAL SERVICE	7, 885	1, 841	0	825	0	17.00
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD	52, 913	0		0 0	0	21.00
22. 00	1	I&R SERVICES-OTHER PRGM COSTS APPRVD	94, 480	0		o	0	•
23.00		PARAMED ED PRGM	7, 162	0	0	O	0	23. 00
23. 01	02341	OTHER MED ED	11, 827	6, 763	0	3, 032	0	23. 01
		IENT ROUTINE SERVICE COST CENTERS						
30.00		ADULTS & PEDIATRICS	1, 130, 761	1, 766, 251		791, 761	1, 029, 025	30.00
31.00	1	INTENSIVE CARE UNIT	318, 940	215, 937		96, 799	183, 440	1
35. 00 41. 00	1	INTENSIVE NURSERY SUBPROVIDER - IRF	106, 609 96, 443	27, 051 185, 232		12, 126 83, 035	0 70, 804	35. 00 41. 00
43.00	1	NURSERY	46, 289	36, 885		16, 534	70, 804	1
43.00		LARY SERVICE COST CENTERS	40, 207	30, 003		10, 334		1 43.00
50.00		OPERATING ROOM	555, 172	382, 609	39, 321	171, 513	0	50.00
50. 01	05001	CARDI AC SURGERY	109, 287	16, 907	30	7, 579	0	50. 01
50. 02	05002	•	386, 114	282, 042		126, 432	0	50. 02
51.00		RECOVERY ROOM	76, 587	13, 450		6, 029	0	51.00
51. 02		O/P TREATMENT ROOM	125, 799	200, 477	24, 821	89, 868	94, 731	51.02
52. 00 54. 00	1	DELIVERY ROOM & LABOR ROOM	169, 705	195, 414			997 0	52. 00 54. 00
55. 00		RADI OLOGY-DI AGNOSTI C RADI OLOGY-THERAPEUTI C	388, 353 201, 712	325, 549 247, 872		145, 935 111, 114	0	55.00
56. 00		RADI OI SOTOPE	45, 332	13, 788		6, 181	0	56.00
57. 00		CT SCAN	98, 128	20, 401	0	9, 145	0	57.00
58.00		MAGNETIC RESONANCE IMAGING (MRI)	69, 413	24, 355	20, 605	10, 918	0	58. 00
59. 00		CARDI AC CATHETERI ZATI ON	607, 851	156, 801	6, 096	70, 289	5, 860	59. 00
60.00	1	LABORATORY	292, 094	0		0	0	60.00
62.00	1	WHOLE BLOOD & PACKED RED BLOOD CELLS	50, 526	0		0	0	62.00
65.00		RESPI RATORY THERAPY	158, 064	20, 044		8, 985	0	65.00
66. 00 66. 01		PHYSI CAL THERAPY PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	69, 917	95, 335 0		42, 736 0	0	66. 00 66. 01
66. 02		0/P PHYSICAL THERAPY	94, 049	0		o o	0	•
		OCCUPATI ONAL THERAPY	31, 314	15, 573		· ·	0	1
68.00	06800	SPEECH PATHOLOGY	13, 365	30, 883		13, 844	0	68.00
69. 00	06900	ELECTROCARDI OLOGY	84, 325	12, 257	4, 409	5, 495	0	69. 00
69. 01	1	CARDI AC REHAB	21, 105	67, 627		30, 315	0	69. 01
70.00		ELECTROENCEPHALOGRAPHY	53, 099	14, 136	1	6, 337	0	70.00
71.00	1	MEDICAL SUPPLIES CHARGED TO PATIENTS	37, 945	53, 651	0	24, 050 0	0	71.00
72. 00 73. 00		IMPL. DEV. CHARGED TO PATIENTS DRUGS CHARGED TO PATIENTS	327, 977 1, 033, 712	0 120, 620		54, 071	0	72.00 73.00
		RENAL ACUTE	42, 664	33, 109		14, 842	0	•
70.00		TIENT SERVICE COST CENTERS	12,001	00,107		,		70.00
90.00		CLINIC	0	0	0	0	0	90.00
90. 05	1	PATIENT NUTRITION	14, 317	18, 128		8, 126	0	90. 05
90. 07	1	WOUND CLINIC	46, 280	36, 622		16, 417	0	90. 07
91.00		EMERGENCY	340, 035	226, 090	96, 362	101, 350	0	91.00
92. 00		OBSERVATION BEDS (NON-DISTINCT PART) AL PURPOSE COST CENTERS						92.00
118. 00		SUBTOTALS (SUM OF LINES 1-117)	8, 496, 264	5, 218, 441	621, 531	2, 291, 701	1, 384, 857	118 00
110.00		IMBURSABLE COST CENTERS	0, 470, 204	3, 210, 441	021, 331	2, 271, 701	1, 304, 037	1110.00
190.00		GIFT, FLOWER, COFFEE SHOP & CANTEEN	938	0	0	0	0	190. 00
		RURAL HEALTH	121, 337	0	556	0		194.00
194. 01	07951	RENTAL PROPERTY	9, 471	0	0	О	0	194. 01
	1	FAMILY PRACTICE	146, 209	348, 195		156, 086		194. 02
		WELLNESS	20, 764	107, 799		48, 323		194. 03
		PHYSICIAN PRACTICES	266, 312	0	· .	0		194. 04
		SYCAMORE SPORTS MED PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	12, 521 35, 189	0 26, 919		12, 067		194. 06 194. 07
200.00		Cross Foot Adjustments	33, 189	20, 919		12,007		200.00
	-1	1	<u> </u>		1	I		

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 09/01/2014	Worksheet B Part I	
					Date/Time Pre	
					5/27/2015 5: 2	7 pm
Cost Center Description	OTHER ADMIN	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	AND GENERAL	PLANT	LINEN SERVICE			
	5. 06	7. 00	8. 00	9. 00	10.00	
201.00 Negative Cost Centers	0	0	(	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9, 109, 005	5, 701, 354	625, 096	2, 508, 177	1, 384, 857	202. 00

| Peri od: | Worksheet B | From 09/01/2014 | Part | To 12/31/2014 | Date/Time Prepared: | From Prepared: | F Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS Provi der CCN: 150023

					Io	12/31/2014	Date/lime Pre 5/27/2015 5:2	
							INTERNS &	
		Cost Conton Description	CAFETERI A	NUDCLNC	MEDICAL	COCLAI	RESI DENTS	
		Cost Center Description	CAFETERIA	NURSI NG ADMI NI STRATI O	MEDICAL RECORDS &	SOCI AL SERVI CE	SERVICES-SALA RY & FRINGES	
				N	LI BRARY	OLIVI OL	KI W I KINGES	
			11. 00	13. 00	16.00	17. 00	21. 00	
1. 00	-	AL SERVICE COST CENTERS  NEW CAP REL COSTS-BLDG & FIXT		Ι				1.00
2. 00		NEW CAP REL COSTS-BEDG & TTXT						2.00
4. 00	4	EMPLOYEE BENEFITS DEPARTMENT					•	4.00
5. 01	1	NONPATIENT TELEPHONES						5. 01
5. 02		DATA PROCESSING						5. 02
5. 03 5. 04	4	PURCHASING RECEIVING AND STORES ADMITTING						5. 03 5. 04
5. 05		CASHI ERI NG/ACCOUNTS RECEI VABLE						5.05
5. 06	1	OTHER ADMIN AND GENERAL						5.06
7. 00	1	OPERATION OF PLANT						7. 00
8.00	1	LAUNDRY & LINEN SERVICE						8.00
9. 00 10. 00	1	HOUSEKEEPI NG DI ETARY						9. 00 10. 00
11. 00	1	CAFETERI A	257, 683					11.00
13.00	01300	NURSING ADMINISTRATION	4, 569	1, 275, 475				13. 00
16. 00		MEDICAL RECORDS & LIBRARY	10, 314	0	1, 818, 520			16. 00
17. 00 21. 00	1	SOCIAL SERVICES SALARY & EDINCES ADDRIVE	488			102, 283	414 475	17. 00 21. 00
21.00		I&R SERVICES-SALARY & FRINGES APPRVD   I&R SERVICES-OTHER PRGM COSTS APPRVD	4, 658 1, 375	0		0	646, 675 0	22.00
23. 00	4	PARAMED ED PRGM	510			0	Ö	23. 00
23. 01		OTHER MED ED	1, 331	9, 425	0	0	0	23. 01
20.00		I ENT ROUTINE SERVICE COST CENTERS	74 700	177 000	450,000	FF 440	244 222	00.00
30. 00 31. 00		ADULTS & PEDIATRICS INTENSIVE CARE UNIT	74, 709 20, 939			55, 110 10, 432	314, 998 0	30. 00 31. 00
35.00	1	INTENSIVE CARE UNIT	6, 699			5, 897	9, 829	35.00
41.00	1	SUBPROVI DER - I RF	5, 146			227	0	41.00
43.00		NURSERY	3, 771	26, 703	7, 674	9, 298	0	43.00
50. 00		LARY SERVICE COST CENTERS OPERATING ROOM	15, 217	107, 756	250, 311	0	60, 981	50.00
50.00		CARDI AC SURGERY	1, 996			0	00, 961	50.00
50. 02	05002		200			0	0	50. 02
51.00	1	RECOVERY ROOM	4, 924	34, 871		0	0	51.00
51. 02	1	O/P TREATMENT ROOM	8, 629			6, 804	0 04 770	51.02
52. 00 54. 00	1	DELIVERY ROOM & LABOR ROOM   RADIOLOGY-DIAGNOSTIC	10, 137 14, 773	64, 873 0		227 0	84, 779 10, 605	52. 00 54. 00
55. 00		RADI OLOGY-THERAPEUTI C	1, 331	Ö		227	0	55.00
56.00	05600	RADI OI SOTOPE	1, 353	0	15, 173	0	0	56.00
57.00		CT SCAN	2, 795			0	0	57.00
58. 00 59. 00	1	MAGNETIC RESONANCE IMAGING (MRI) CARDIAC CATHETERIZATION	1, 420 2, 174	0 6, 283		0 227	0	58. 00 59. 00
60.00		LABORATORY	2,174	0, 203		0	0	60.00
62.00		WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		0	0	62.00
65.00		RESPI RATORY THERAPY	9, 294			0	6, 337	•
66. 00 66. 01	06600	PHYSI CAL THERAPY PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	577	4, 084 0		0	0	66. 00 66. 01
66. 02		0/P PHYSICAL THERAPY	0	0		0	0	66.02
67.00		OCCUPATI ONAL THERAPY	0	0	0	0	0	67.00
68. 00	4	SPEECH PATHOLOGY	0	0	1, 016	0	0	68.00
69. 00 69. 01	1	ELECTROCARDI OLOGY CARDI AC REHAB	5, 678 909		24, 524 2, 198	0	5, 561 0	69. 00 69. 01
70.00		ELECTROENCEPHALOGRAPHY	1, 619		11, 177	0	0	70.00
71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	
72. 00	4	IMPL. DEV. CHARGED TO PATIENTS	0	0	-	0	0	72.00
73. 00 76. 00		DRUGS CHARGED TO PATIENTS RENAL ACUTE	9, 405	35, 028 0		0	0	73. 00 76. 00
70.00		TIENT SERVICE COST CENTERS	0	0	4, 004	<u> </u>	0	70.00
90.00		CLINIC	0	0	0	0	0	90.00
90.05		PATIENT NUTRITION	1, 065			0	0	90.05
		WOUND CLINIC  EMERGENCY	1, 131 17, 324			0 13, 834	5, 949 73, 204	•
91.00		OBSERVATION BEDS (NON-DISTINCT PART)	17, 324	120,000	159, 962	13, 034	73, 204	91.00
,2,00		AL PURPOSE COST CENTERS		l				72.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	246, 460	1, 275, 161	1, 818, 520	102, 283	572, 243	118. 00
100 00		IMBURSABLE COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN	^				0	190. 00
		RURAL HEALTH	0	0		0		194.00
		RENTAL PROPERTY	0	0	0	0		194. 01
		FAMILY PRACTICE	6, 410	0	0	0	74, 432	194. 02
	4	WELLNESS   PHYSI CI AN PRACTI CES	0 3, 771	0 0	0	0		194. 03 194. 04
174.04	107755	TITIOTOTAN TIMOTIOES	3,771	1 0	١	O <sub>1</sub>	0	1.77.04

Health Financial Systems	UNI ON HOSPI TAL, INC.			In Lieu of Form CMS-2552-10		
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der		Peri od:	Worksheet B	
				From 09/01/2014		
				To 12/31/2014		
					5/27/2015 5: 2	/ pm
					INTERNS &	
					RESI DENTS	
Cost Center Description	CAFETERI A	NURSI NG	MEDI CAL	SOCI AL	SERVI CES-SALA	
		ADMI NI STRATI O	RECORDS &	SERVI CE	RY & FRINGES	
		N	LI BRARY			
	11. 00	13. 00	16.00	17. 00	21. 00	
194.06 07953 SYCAMORE SPORTS MED	44	314		0	0	194. 06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	998	0		0	0	194. 07
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)	257, 683	1, 275, 475	1, 818, 52	102, 283	646, 675	202. 00

	ALLOCATION - GENERAL SERVICE COSTS	UNI UNI TIUSI I			Period: From 09/01/2014	Worksheet B Part I Date/Time Pre 5/27/2015 5:2	pared:
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHE R PRGM COSTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	CENEDAL SERVICE COST SENTERS	22. 00	23. 00	23. 01	24. 00	25. 00	
1. 00	GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 05 5. 06 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 17. 00 21. 00	00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES 00550 DATA PROCESSING 00560 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMIN AND GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 PARAMED ED PRGM	1, 147, 753 0	87, 407				2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 05 5. 06 7. 00 8. 00 9. 00 10. 00 11. 00 13. 00 16. 00 17. 00 21. 00 22. 00 23. 00
23.01	O2341 OTHER MED ED     INPATIENT ROUTINE SERVICE COST CENTERS	0	0	164, 05	0		23. 01
	03000 ADULTS & PEDIATRICS	559, 071	0		19, 141, 528	-874, 069	30.00
31.00	I I	0	0		4, 631, 960	0	
35. 00 41. 00	02040   I NTENSI VE NURSERY   04100   SUBPROVI DER -   I RF	17, 446 0	0	1	1, 447, 773 1, 565, 396	-27, 275 0	1
43. 00	04300 NURSERY		0		662, 515	0	1
	ANCILLARY SERVICE COST CENTERS	-					
50.00	05000 OPERATI NG ROOM	108, 233	0	1	7, 872, 123	-169, 214	1
50. 01	05001 CARDI AC SURGERY	0	0		1, 383, 437	0	
50. 02 51. 00	05002 WVSC 05100 RECOVERY ROOM	0	0		5, 301, 474 1, 020, 340	0	
51. 02		0	0	1	2, 031, 578	Ö	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	150, 470	0		2, 716, 270	-235, 249	
	05400 RADI OLOGY-DI AGNOSTI C	18, 823	87, 407		5, 433, 498		1
55. 00 56. 00	05500  RADI OLOGY-THERAPEUTI C   05600  RADI OI SOTOPE	0	0		2, 882, 632 590, 789	0	
57.00	05700 CT SCAN	0	0		1, 339, 073	0	1
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		926, 075	0	•
	05900 CARDI AC CATHETERI ZATI ON	0	0		7, 770, 590	0	59.00
60. 00 62. 00	O6000   LABORATORY   O6200   WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		3, 657, 399 617, 065	0	
65.00	06500 RESPIRATORY THERAPY	11, 248	0		2, 062, 908	-17, 585	
66.00	06600 PHYSI CAL THERAPY	0	0		1, 019, 510	0	66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0	0	66. 01
66. 02 67. 00	06602 0/P PHYSICAL THERAPY 06700 OCCUPATIONAL THERAPY	0	0		1, 165, 466 402, 498	0	66. 02 67. 00
68. 00	06800 SPEECH PATHOLOGY	0	0		207, 905	0	68.00
69.00	06900 ELECTROCARDI OLOGY	9, 871	0		1, 090, 949	-15, 432	
69. 01	06901 CARDI AC REHAB	0	0		357, 548	0	
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		678, 884 542, 016	0	70.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		3, 979, 515	0	1
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	164, 05		0	73.00
76. 00	03020 RENAL ACUTE	0	0		572, 419	0	76. 00
90. 00	OUTPATIENT SERVICE COST CENTERS  O9000 CLINIC	O	0	1		0	90.00
90.05	09005 PATIENT NUTRITION	0	0		208, 983	0	
90. 07	09007 WOUND CLINIC	10, 559	0		654, 554	-16, 508	
91.00	I I	129, 926	0	1	5, 063, 895	-203, 130	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART) SPECIAL PURPOSE COST CENTERS					0	92.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1, 015, 647	87, 407	164, 05	102, 168, 560	-1, 587, 890	118.00
400 -	NONREI MBURSABLE COST CENTERS						100
	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN   07950 RURAL HEALTH	0	0		11, 384 1, 472, 802		190. 00 194. 00
	07951 RENTAL PROPERTY		0		114, 918		194.00
	07954 FAMILY PRACTICE	132, 106	0		2, 492, 039		
-							

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-:	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der	CCN: 150023	Peri od: From 09/01/2014	Worksheet B Part I	·
				To 12/31/2014	Date/Time Pre	
	LNTEDNC 0				5/27/2015 5: 2	7 pm
	I NTERNS & RESI DENTS					
Cost Center Description	SERVI CES-OTHE	PARAMED ED	OTHER MED EL	Subtotal	Intern &	
oust center bescription	R PRGM COSTS	PRGM	OTTIER WED EI	Subtotal	Residents	
					Cost & Post	
					Stepdown	
					Adjustments	
	22. 00	23. 00	23. 01	24.00	25. 00	
194. 03 07952 WELLNESS	0	0	1	0 408, 067	0	194. 03
194. 04 07955 PHYSICIAN PRACTICES	0	0		0 3, 237, 290	0	194. 04
194.06 07953 SYCAMORE SPORTS MED	0	0		0 152, 284	0	194. 06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0 466, 951	0	194. 07
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, 147, 753	87, 407	164, 05	110, 524, 295	-1, 794, 428	202. 00

Health Financial Systems
COST ALLOCATION - GENERAL SERVICE COSTS UNION HOSPITAL, INC.

Provi der CCN: 150023

			5/27/2015 5:	
	Cost Center Description	Total		
	GENERAL SERVICE COST CENTERS	26. 00		
1. 00	00100 NEW CAP REL COSTS-BLDG & FLXT			1.00
2. 00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5. 01	00540 NONPATI ENT TELEPHONES			5. 01
5. 02	00550 DATA PROCESSING			5. 02
5. 03 5. 04	OO560   PURCHASING RECEIVING AND STORES   OO570   ADMITTING			5. 03 5. 04
5. 05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE			5. 05
5. 06	00590 OTHER ADMIN AND GENERAL			5. 06
7.00	00700 OPERATION OF PLANT			7.00
8. 00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPI NG			9.00
10. 00 11. 00	01000  DI ETARY  01100  CAFETERI A			10.00
	01300 NURSING ADMINISTRATION			13.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
	01700 SOCIAL SERVICE			17. 00
	02100   &R SERVICES-SALARY & FRINGES APPRVD			21.00
	02200 I &R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23. 00 23. 01	O2300   PARAMED ED PRGM   O2341   OTHER MED ED			23. 00 23. 01
23.01	I NPATI ENT ROUTI NE SERVI CE COST CENTERS			- 23.01
30.00	03000 ADULTS & PEDIATRICS	18, 267, 459		30.00
31.00	03100 INTENSIVE CARE UNIT	4, 631, 960		31.00
35.00	02040 I NTENSI VE NURSERY	1, 420, 498		35.00
	04100 SUBPROVI DER – I RF	1, 565, 396		41.00
43.00	04300   NURSERY     ANCILLARY SERVICE COST CENTERS	662, 515		43.00
50. 00	05000 OPERATING ROOM	7, 702, 909		50.00
	05001 CARDI AC SURGERY	1, 383, 437		50. 01
50.02	05002 WVSC	5, 301, 474		50. 02
51. 00	05100 RECOVERY ROOM	1, 020, 340		51.00
	05101 0/P TREATMENT ROOM	2, 031, 578		51.02
52. 00 54. 00	O5200   DELI VERY ROOM & LABOR ROOM   O5400   RADI OLOGY-DI AGNOSTI C	2, 481, 021 5, 404, 070		52.00 54.00
55. 00	05500 RADI OLOGY-THERAPEUTI C	2, 882, 632		55.00
56. 00	05600 RADI OI SOTOPE	590, 789		56.00
57.00	05700 CT SCAN	1, 339, 073		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926, 075		58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	7, 770, 590		59.00
60. 00 62. 00	06000   LABORATORY   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS	3, 657, 399 617, 065		60. 00 62. 00
65.00	06500 RESPIRATORY THERAPY	2, 045, 323		65.00
	06600 PHYSI CAL THERAPY	1, 019, 510		66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		66. 01
	06602 0/P PHYSI CAL THERAPY	1, 165, 466		66. 02
	06700 OCCUPATI ONAL THERAPY	402, 498		67.00
	06800 SPEECH PATHOLOGY	207, 905		68.00
69. 00	06900  ELECTROCARDI OLOGY  06901  CARDI AC REHAB	1, 075, 517 357, 548		69. 00 69. 01
	07000 ELECTROENCEPHALOGRAPHY	678, 884		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	542, 016		71.00
	07200 I MPL. DEV. CHARGED TO PATIENTS	3, 979, 515		72.00
	07300 DRUGS CHARGED TO PATIENTS	13, 169, 995		73.00
76. 00	03020 RENAL ACUTE	572, 419		76.00
90 00	OUTPATIENT SERVICE COST CENTERS  O9000 CLINIC	0		90.00
	09005 PATIENT NUTRITION	208, 983		90.00
90. 07	09007 WOUND CLINIC	638, 046		90.07
91.00	09100 EMERGENCY	4, 860, 765		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
440.00	SPECIAL PURPOSE COST CENTERS	400 500 (70		110.00
118. 00	SUBTOTALS (SUM OF LINES 1-117)   NONREIMBURSABLE COST CENTERS	100, 580, 670		118. 00
190 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11, 384		190.00
	07950 RURAL HEALTH	1, 472, 802		194.00
194. 01	07951 RENTAL PROPERTY	114, 918		194. 01
	07954 FAMILY PRACTICE	2, 285, 501		194. 02
	07952 WELLNESS	408, 067		194. 03
	07955 PHYSI CI AN PRACTI CES	3, 237, 290		194. 04 194. 06
	07953  SYCAMORE SPORTS MED   07956  PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	152, 284 466, 951		194.06
200.00		400, 951		200.00
201.00				201.00
		-		

Health Financial Systems	UNI ON HOSPI TAL	, INC.	In Lie	u of Form CMS-	2552-10
COST ALLOCATION - GENERAL SERVICE COSTS		Provi der CCN: 150023	From 09/01/2014	Worksheet B Part I Date/Time Pre	parod:
			10 12/31/2014	5/27/2015 5: 2	
Cost Center Description	Total				
	26. 00				
202.00 TOTAL (sum lines 118-201)	108, 729, 867				202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 09/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | From 12/31/2014 | Prepared: | From 12/31/2014 | Prepared: | Prep Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150023

					Io	12/31/2014	Date/lime Pre   5/27/2015 5:2	
				CAPI TAL REI	LATED COSTS		7 07 277 2010 0. 2	, piii
		Cook Contain Donori ati an	D:+1	NEW DLDC 0	NEW MADLE	Ch. + - + - I	EMDL OVEE	
		Cost Center Description	Directly Assigned New	NEW BLDG & FLXT	NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			Capi tal	1171	EQUIT		DEPARTMENT	
			Related Costs					
			0	1. 00	2.00	2A	4. 00	
1. 00		AL SERVICE COST CENTERS NEW CAP REL COSTS-BLDG & FIXT						1. 00
2.00		NEW CAP REL COSTS-BEDG & TTXT						2.00
4. 00		EMPLOYEE BENEFITS DEPARTMENT	0	65, 990	О	65, 990	65, 990	4. 00
5. 01		NONPATIENT TELEPHONES	0	5, 619	24, 029	29, 648	355	5. 01
5. 02		DATA PROCESSING	0	0		0	0	5. 02
5. 03 5. 04		PURCHASING RECEIVING AND STORES ADMITTING	2, 004	0 26, 187	-	0 34, 772	0 769	5. 03 5. 04
5. 05	1	CASHI ERI NG/ACCOUNTS RECEI VABLE	0	0		01,772	0	5. 05
5.06	1	OTHER ADMIN AND GENERAL	20, 683	153, 035		220, 809	2, 906	5.06
7.00		OPERATION OF PLANT	8, 000	2, 896, 791		3, 007, 172	43	7.00
8. 00 9. 00		LAUNDRY & LINEN SERVICE HOUSEKEEPING	1, 003	51, 211 45, 439		113, 532 157, 782	485 1, 747	8. 00 9. 00
10.00		DI ETARY	8, 306	93, 870		227, 058	864	10.00
11.00	01100	CAFETERI A	0	66, 982	10, 352	77, 334	313	11.00
13.00	1	NURSING ADMINISTRATION	1, 097	20, 320		24, 223	1, 095	13.00
16. 00 17. 00		MEDICAL RECORDS & LIBRARY  SOCIAL SERVICE	2, 312	45, 182 1, 676		63, 693 1, 676	1, 308 98	16. 00 17. 00
21. 00		I&R SERVICES-SALARY & FRINGES APPRVD		0	1	0	797	21. 00
22. 00		I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1, 084	22.00
23. 00		PARAMED ED PRGM	0	0	_	0	98	23.00
23. 01		OTHER MED ED IENT ROUTINE SERVICE COST CENTERS	0	6, 158	840	6, 998	157	23. 01
30.00		ADULTS & PEDIATRICS	40, 478	1, 608, 231	505, 180	2, 153, 889	13, 065	30. 00
31.00		INTENSIVE CARE UNIT	27, 454	196, 618		405, 639	3, 582	31.00
35.00		I NTENSI VE NURSERY	1, 110	24, 631		77, 079	1, 279	35.00
41. 00 43. 00		SUBPROVI DER	4, 381 1, 136	168, 660 33, 585		192, 840 38, 304	860 611	41. 00 43. 00
43.00		LARY SERVICE COST CENTERS	1, 130	33, 303	3, 303	30, 304	011	43.00
50.00		OPERATING ROOM	297, 748	348, 379	657, 818	1, 303, 945	5, 764	50.00
50. 01	1	CARDI AC SURGERY	13, 631	15, 394		94, 758	1, 535	50. 01
50. 02 51. 00	05002	RECOVERY ROOM	145, 814 534	256, 809 12, 247		517, 105 50, 907	24 935	50. 02 51. 00
51.00		O/P TREATMENT ROOM	1, 436	182, 541		246, 157	1, 418	51.00
52.00		DELIVERY ROOM & LABOR ROOM	16, 024	177, 931		333, 392	2, 211	52.00
54.00		RADI OLOGY-DI AGNOSTI C	256, 607	296, 424		934, 303	6, 308	54.00
55. 00 56. 00	1	RADI OLOGY-THERAPEUTI C RADI OI SOTOPE	322, 839 498	225, 696 12, 555		759, 889 16, 655	236 209	55. 00 56. 00
57. 00		CT SCAN	113, 545	18, 576		132, 349	621	57. 00
58.00		MAGNETIC RESONANCE IMAGING (MRI)	247, 471	22, 176		288, 145	311	58.00
59.00		CARDI AC CATHETERI ZATI ON	965, 330	142, 773		1, 139, 588	414	59.00
60. 00 62. 00		LABORATORY WHOLE BLOOD & PACKED RED BLOOD CELLS	162, 119	0		162, 119 0	0	60. 00 62. 00
		RESPIRATORY THERAPY	89, 182	18, 251		193, 355		65.00
		PHYSI CAL THERAPY	1, 341	86, 806	16, 776	104, 923	112	66.00
66. 01		PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES	0	0	_	122 204	0	66. 01
66. 02 67. 00		O/P PHYSICAL THERAPY OCCUPATIONAL THERAPY	111, 882	0 14, 180	,	132, 306 18, 584	0	66. 02 67. 00
68. 00		SPEECH PATHOLOGY	12, 696	28, 120		45, 201	0	68. 00
69. 00		ELECTROCARDI OLOGY	33, 997	11, 161		120, 512	875	69. 00
69. 01 70. 00		CARDI AC REHAB ELECTROENCEPHALOGRAPHY	666	61, 577		81, 278	174	
71.00		MEDICAL SUPPLIES CHARGED TO PATIENTS	2, 764 9, 048	12, 871 48, 851		39, 699 104, 695	1, 509 0	70. 00 71. 00
72. 00		IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73. 00		DRUGS CHARGED TO PATIENTS	193, 600	109, 829		337, 772	2, 148	
76. 00		RENAL ACUTE	434	30, 147	349	30, 930	0	76. 00
90. 00		TIENT SERVICE COST CENTERS	O	0	0	ol	0	90. 00
90.05		PATIENT NUTRITION	692	16, 506		17, 761	182	
90. 07		WOUND CLINIC	721	33, 346	7, 435	41, 502	214	90. 07
91.00		EMERGENCY	9, 020	205, 863	224, 317	439, 200 0	2, 799	
92. 00		OBSERVATION BEDS (NON-DISTINCT PART) AL PURPOSE COST CENTERS				U <sub>I</sub>		92.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3, 127, 603	7, 899, 194	3, 558, 671	14, 585, 468	61, 260	118. 00
	NONRE	I MBURSABLE COST CENTERS						
		GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 421	0		07 421		190.00
		RURAL HEALTH RENTAL PROPERTY	69, 421 178	0	-,	87, 421 4, 249		194. 00 194. 01
		FAMILY PRACTICE	6, 367	317, 043		468, 904		194. 02
194. 03	07952	WELLNESS	0	98, 155	0	98, 155	146	194. 03

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Peri od:	Worksheet B	·
				From 09/01/2014 To 12/31/2014	Part II   Date/Time Pre	narod:
				10 12/31/2014	5/27/2015 5: 2	
		CAPI TAL REL	_ATED COSTS			
Cost Center Description	Di rectl y	NEW BLDG &	NEW MVBLE	Subtotal	EMPLOYEE	
	Assigned New	FLXT	EQUI P		BENEFI TS	
	Capi tal				DEPARTMENT	
	Related Costs					
	0	1.00	2.00	2A	4. 00	
194. 04 07955 PHYSI CLAN PRACTI CES	114, 178	0	73, 95	3 188, 131	2, 422	194. 04
194.06 07953 SYCAMORE SPORTS MED	0	0	2, 80	6 2, 806	8	194.06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	1, 517	24, 511	2, 00	28, 030	192	194. 07
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)	3, 319, 264	8, 338, 903	3, 804, 99	15, 463, 164	65, 990	202. 00

Provi der CCN: 150023

Cost Center Description						12/01/2011	5/27/2015 5: 2	
STORES		Cost Center Description				ADMI TTI NG		
SERIORAL SERVICE COST CENTERS   5.01   5.02   5.03   5.04   5.05			TELEPHONES	PROCESSING				
SEPTIFEEL SERVICE COST CENTERS			5. 01	5. 02		5. 04		
2.00   DOCODO JATE CARE PRICESTS AND IR FOLLIP		GENERAL SERVICE COST CENTERS						
4.00   05000   DEPUTYLE REPRET IS DEPARTMENT		l l						1
0.0040   0		l I						1
0.0050 DATA PROCESSING		l I	30,003					1
0.000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.			30,003	(				1
0.0770   ADMITTING		i i	0	C	ólol			1
5.05   0.00500		i i		C	ol ol	36, 107		1
0.00   0.00	5.05	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE	0	C	o	0	0	5. 05
0.000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.0000   0.00	5.06	00590 OTHER ADMIN AND GENERAL	2, 238	C	0	0	0	5. 06
9.00   0.0900  MUSISEREPT NO		l	1		1	0		1
10.00   01000   DETARY		l I	1			0		1
11.00 0 1000 (MRSTNA ADMINISTRATION 172 0 0 0 0 11.00 16.00 17.00 16.00 16.00 (MRSTNA ADMINISTRATION 172 0 0 0 0 0 12.00 16.00 16.00 17.00				-	1	0	_	1
13.00   0.300  QHURSHING ADMINISTRATION			1		1	0	0	1
16.00   0.000   MEDICAL, RECORDS & LIBRARY   1,008   0   0   0   0   0   0   17.00		l I		-	1	0	0	1
17.00   0700  SOCIAL SERVICE   98   0 0 0 0 0 17.00   22.00   02100  IAS SERVICES-SALARY & FRINGES APPRVD   0 0 0 0 0 0 0 0 0 22.00   23.01   02200  IAS SERVICES-OTHER PROM COSTS APPRVD   0 0 0 0 0 0 0 0 0 22.00   23.01   02300  ADMANDE 10 PROM SERVICES   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l	1 1	-	1	0	· .	1
22 00   02000   RAS SERVICES-OTHEE PREM COSTS APPRVD   0   0   0   0   0   0   22 00			1 1		1	0	0	1
23.00	21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	1	C	o	0	0	21.00
23.01		l l	0	C	0	0	0	22. 00
INPATI ENT ROUTINE SERVICE COST CENTERS						0		1
30 00	23. 01		0	C	0	0	0	23. 01
31.00   03100  INTENSIVE CARE UNIT   935   0	20.00		4 470			/ 170	0	20.00
135.00   02040   INTENSIVE NURSERY   467			1 1		1	•		
11. 00   04100   SUBPROVIDER - I FE   885   0   0   369   0   349   0   340   340			1 1		1	· ·	_	
A3. 00   A3.00   NURSERY   A9.00   A3.00   A			1		1	· ·		ı
90.00   050000   076000   076000   076000   0   0   0   0   0   0   0   0   0			1		1			
50.00		ANCILLARY SERVICE COST CENTERS						
50.02   OSDO2   WSCC   0		l l	1					1
51.00   OS100   RECOVERY ROOM		l l	1		1	•		1
15.1   0.2   0.510   0.7   TREATMENT ROOM   1.0   0.		i i			1	_	· .	1
S2.00   05200   DELI VERY ROOM & LABOR ROOM   6.39   0   0   997   0   52.00		l I	1	-	1		_	1
SA-00   OS-000   RADIO LOGY-DI AGNOSTI C		l I	1	-	1		_	1
1.55			1					1
56. 00   05.000   RADIO I SOTOPE   0 0 0 0 75 0 0 5.00		l	1	-	1			1
58. 00   05900   AGRORATIC RESONANCE IMAGING (MRI)   123   0   0   2.65   0   58. 00	56.00	l I	1 1	C	o	75	0	56.00
59.00   05900   CARDIACC CATHETERI ZATION	57.00	05700 CT SCAN	172	C	0	1, 495	0	57. 00
60.00				C	0		0	1
62.00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   0   0   0   159   0   62.00   65.00   06500   RESPI RATORY THERAPY   369   0   0   1,035   0   65.00   66.01   06600   PHYSI CAL THERAPY   566   0   0   756   0   66.00   66.01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   66.02   06600   PHYSI CAL THERAPY   49   0   0   0   0   0   66.01   66.02   06600   OF SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   66.02   06600   OF SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   66.02   06600   OF SYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   67.00   06700   0CCUPATI ONAL THERAPY   148   0   0   0   0   0   0   68.00   06800   SPEECH PATHOLOGY   49   0   0   0   0   0   0   69.01   06900   ELECTROCARDI OLOGY   221   0   0   643   0   69.00   69.01   06901   CARDI AC REHAB   172   0   0   15   0   69.00   69.01   06901   CARDI AC REHAB   172   0   0   15   0   69.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   344   0   0   177   0   71.00   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   344   0   0   177   0   71.00   72.00   07200   DRUGS CHARGED TO PATI ENTS   1,254   0   0   4,914   0   72.00   73.00   07300   DRUGS CHARGED TO PATI ENTS   1,254   0   0   4,914   0   73.00   74.00   03020   RENAL ACUTE   148   0   0   205   0   76.00   75.00   09005   PATI ENT NUTRI TI ON   0   0   0   0   0   0   76.00   09005   PATI ENT NUTRI TI ON   0   0   0   0   0   0   76.00   09005   PATI ENT NUTRI TI ON   0   0   0   0   0   0   77.00   09100   EMERGENCY   0   0   0   0   0   0   78.00   09000   09000   00   00   0   0   0		l l	1 1		1	•	· .	1
65. 00   06500   RESPIRATORY THERAPY   369   0   0   1,035   0   65. 00   66. 00   06600   PHYSI CAL THERAPY   566   0   0   0   756   0   06. 00   66. 01   06601   PSYCHIATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   66. 02   06602   OVP PHYSI CAL THERAPY   49   0   0   0   0   0   67. 00   06700   OCUPATI ONAL THERAPY   49   0   0   0   0   0   68. 00   06800   SPEECH PATHOLOGY   49   0   0   0   0   0   69. 00   06900   ELECTROCARDI OLOGY   221   0   0   0   643   0   69. 01   06901   CARDI AC REHAB   172   0   0   15   0   69. 01   06901   CARDI AC REHAB   172   0   0   184   0   70. 00   07000   ELECTROCARDI AL SUPPLIES CHARGED TO PATI ENTS   344   0   0   177   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   344   0   0   177   0   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   1, 254   0   0   4, 914   0   73. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   1, 254   0   0   4, 914   0   73. 00   74. 00   03020   RENAL ACUTE   148   0   0   205   0   76. 00   79. 07   09000   CLI NI C   320   0   0   0   0   0   0   79. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   0   79. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   79. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   79. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   79. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   79. 07   09007   WOUND CLI NI C   320   0   0   0   0   79. 08   09005   PATI ENT NUTRI TION   0   0   0   0   0   79. 09   09007   WOUND CLI NI C   320   0   0   0   0   79. 00   09007   WOUND CLI NI C   320   0   0   0   0   79. 00   09007   WOUND CLI NI C   320   0   0   0   0   79. 00   09007   WOUND CLI NI C   320   0   0   0   0   79. 00   09007   WOUND CLI NI C   0   0   0   0   79. 00   09007   WOUND CLI NI C   0   0   0   0   79. 00   09007   WOUND CLI NI C   0   0   0   0   79. 00   09007   WOUND CLI NI C   0   0   0   0   79. 00   09007   WOUND CLI NI C   0   0   0   0   0   79. 00   09007   WOUND CLI NI C   0   0   0   0   0   79. 00   09007   WOUND CL		l	1 1		1		· .	1
66. 00   06600   PHYSICAL THERAPY   566   0   0   756   0   66. 00   66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   66. 02   06602   07P PHYSICAL THERAPY   49   0   0   0   0   0   67. 00   06700   0CCUPATI ONAL THERAPY   148   0   0   0   0   0   68. 00   06800   SPEECH PATHOLOGY   49   0   0   0   0   69. 00   06900   ELECTROCARDI OLOGY   221   0   0   0   69. 01   06901   CARDI AC REHAB   172   0   0   15   0   69. 01   06901   CARDI AC REHAB   172   0   0   184   0   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   344   0   0   177   0   71. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   344   0   0   177   0   71. 00   72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   1, 254   0   0   4, 914   0   73. 00   76. 00   03020   RENAL ACUTE   148   0   0   205   0   76. 00   77. 00   07000   CLETROCARDI OLOGY   220   0   0   0   0   0   78. 00   07000   CLETROCARDI OLOGY   200   200   200   200   79. 00   09000   CLINI C   0   0   0   0   0   0   0   79. 00   09000   CLINI C   320   0   0   0   0   0   79. 00   09000   DEBENIATI ON BEDS (NON-DISTINCT PART)   92. 00   79. 00   09200   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   74. 00   79. 00   09200   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09200   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09200   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09200   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09200   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   79. 00   09000   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09000   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   79. 00   09000   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09000   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   09000   0SSERVATI ON BEDS (NON-DISTINCT PART)   74. 00   0   0   0   0   79. 00   0		l I		-	1		· .	1
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   66. 01   66. 02   06602   07P PHYSI CAL THERAPY   49   0   0   0   0   0   0   66. 01   67. 00   06700   0CCUPATI ONAL THERAPY   49   0   0   0   0   0   0   0   68. 00   06800   SPECCH PATHOLOGY   49   0   0   0   0   0   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   221   0   0   0   643   0   69. 00   69. 01   06901   CARDI AC REHAB   172   0   0   15   0   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   467   0   0   184   0   70. 00   71. 00   07100   MEDI CAL SUPPLI ES CHARGED TO PATI ENTS   344   0   0   177   0   71. 00   72. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   1, 254   0   0   4, 914   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   1, 254   0   0   4, 914   0   73. 00   74. 00   03020   RENAL ACUTE   148   0   0   205   0   76. 00   75. 00   03020   RENAL ACUTE   148   0   0   205   0   76. 00   76. 00   03020   PATI ENT SERVICE COST CENTERS   1, 623   0   0   0   0   0   0   0   79. 00   09000   CLI NI C   320   0   0   0   0   0   0   0   79. 00   09000   CLI NI C   320   0   0   0   0   0   0   0   79. 00   09000   0000   0000   0000   0000   0000   0000   0000   79. 00   09000   0000   0000   0000   0000   0000   0000   79. 00   09000   0000   0000   0000   0000   0000   0000   79. 00   00000   0000   0000   0000   0000   0000   0000   0000   79. 00   00000   0000   0000   0000   0000   0000   0000   0000   0000   79. 00   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   00000   0		l I	1					1
66.02   06602   0/P PHYSICAL THERAPY		l l	1	0			_	1
67.00   66700   OCCUPATIONAL THERAPY   148   0   0   0   0   0   67.00   68.00   OSBOO   SPEECH PATHOLOGY   49   0   0   0   0   0   69.00   OSPEECH PATHOLOGY   221   0   0   643   0.69.00   69.01   OSPEECH PATHOLOGY   221   0   0   0   643   0.69.00   69.01   OSPEECH PATHOLOGY   221   0   0   0   15   0.69.01   70.00   OTOOL CARDI AC REHAB   172   0   0   0   15   0.69.01   71.00   OTOOL CARDI AC REHAB   172   0   0   0   15   0.69.01   71.00   OTOOL CARDI AC SUPPLIES CHARGED TO PATIENTS   344   0   0   0   177   0.71.00   72.00   OTOOL CAL SUPPLIES CHARGED TO PATIENTS   344   0   0   0   0   0   0   73.00   OTOOL CAL SUPPLIES CHARGED TO PATIENTS   1,254   0   0   4,914   0.73.00   74.00   OTOOL CAL SUPPLIES CHARGED TO PATIENTS   1,254   0   0   4,914   0.73.00   75.00   OTOOL DRUGS CHARGED TO PATIENTS   1,254   0   0   4,914   0.73.00   76.00   OSOOL REAL ACUTE   148   0   0   0   0   76.00   OSOOL CALL ACUTE   148   0   0   0   0   76.00   OSOOL CALL ACUTE   0   0   0   0   0   76.00   OSOOL CALL ACUTE   0   0   0   0   0   76.00   OSOOL CALL ACUTE   0   0   0   0   0   76.00   OSOOL CALL ACUTE   0   0   0   0   0   76.00   OSOOL CALL ACUTE   0   0		l I	4			-		
69. 00   06900   ELECTROCARDI OLOGY   221   0   0   643   0   69. 00   69. 01   06901   CARDI AC REHAB   172   0   0   15   0   69. 01   06901   CARDI AC REHAB   172   0   0   15   0   69. 01   07000   ELECTROENCEPHALOGRAPHY   467   0   0   184   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   344   0   0   177   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   344   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   73. 00   07300   DRIGS CHARGED TO PATI ENTS   1,254   0   0   4,914   0   73. 00   76. 00   03020   RENAL ACUTE   148   0   0   205   0   0000   0000   CLINI C   0   0   0   0   0   90. 05   09000   CLINI C   0   0   0   0   0   90. 05   09000   CLINI C   320   0   0   0   0   90. 07   09007   WOUND CLINI C   320   0   0   0   0   91. 00   09200   BERGROCY   1,623   0   0   1,576   0   91. 00   09200   BERGROCY   1,623   0   0   1,576   0   91. 00   09200   BERGROCY   1,623   0   0   0   36,107    118. 00   SUBTOTALS (SUM OF LINES 1-117)   27,691   0   0   36,107    119. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   25   0   0   0   0   194. 00   07950   RURAL HEALTH   25   0   0   0   0   194. 01   07951   RENTAL PROPERTY   0   0   0   0   194. 02   07954   FAMILY PRACTICE   1,648   0   0   0   0   194. 03   07952   WELLNESS   0   0   0   0   194. 04   07955   PHYSI CI AN PRACTI CES   590   0   0   0   194. 04   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   194. 06   07950   07050   07050   07050   0   194. 06   07950   07050   07050   07050   07050   07050   195. 00   00   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0		06700 OCCUPATI ONAL THERAPY	1	C	o	0	0	67.00
69. 01   06901   CARDIAC REHAB   172   0   0   15   0   69. 01			49	C	0	0	0	68. 00
70. 00   07000   ELECTROENCEPHALOGRAPHY   467   0   0   184   0   70. 00     71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   344   0   0   0   177   0     72. 00   07200   IMPL DEV. CHARGED TO PATIENTS   0   0   0   0   0     73. 00   07300   DRUGS CHARGED TO PATIENTS   1, 254   0   0   4, 914   0   73. 00     76. 00   03020   RENAL ACUTE   148   0   0   205   0     76. 00   03020   RENAL ACUTE   148   0   0   0   205   0     76. 00   09000   CLI NI C   0   0   0   0   0   0     90. 05   09005   PATIENT NUTRI TI ON   0   0   0   0   0   0   90. 05     90. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   90. 05     90. 00   09100   EMERGENCY   1, 623   0   0   1,576   0   91. 00     91. 00   09200   OBSERVATI ON BEDS (NON-DI STI NCT PART)   92. 00     SPECI AL PURPOSE COST CENTERS   18. 00   190. 0		i i	1	-	1		_	1
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   344   0   0   0   177   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   1,254   0   0   0   4,914   0   73. 00   76. 00   03020   RENAL ACUTE   148   0   0   0   205   0    OUTPATIENT SERVICE COST CENTERS  90. 00   090000   CLI NI C   0   0   0   0   0   0   0   90. 05   09005   PATIENT NUTRITION   0   0   0   0   0   0   0   90. 07   09007   WOUND CLI NI C   320   0   0   0   0   0   91. 00   09100   EMERGENCY   1,623   0   0   1,576   0   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00    SPECI AL PURPOSE COST CENTERS  118. 00   SUBTOTALS (SUM OF LINES 1-117)   27,691   0   0   36,107   0   118. 00    NONRE! MBURSABLE COST CENTERS  190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   194. 00   194. 00   07950   RURAL HEALTH   25   0   0   0   0   0   194. 00   194. 01   07951   RENTAL PROPERTY   0   0   0   0   0   194. 01   194. 02   07954   FAMILY PRACTICE   1,648   0   0   0   0   194. 01   194. 03   07952   WELLNESS   0   0   0   0   0   194. 02   194. 04   07955   SYCAMORE SPORTS MED   0   0   0   0   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   0   0   0   194. 06   07953   SYCAMORE SPORTS MED   0   0   0   0   0   0   194. 06   07953   SYCAMORE SPORTS MED				-	1			1
72. 00   07200   IMPL   DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00			1 1	-	1			1
73. 00			1 1		1			1
76. 00			-	-	1	ŭ	_	
OUTPATIENT SERVICE COST CENTERS   O		l l						
90. 05				-	-1			
90. 07	90.00		0	C	0	0	0	90.00
91. 00	90.05	09005 PATIENT NUTRITION	0	C	0	0	0	90. 05
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   SPECIAL PURPOSE COST CENTERS   118. 00   SUBTOTALS (SUM OF LINES 1-117)   27, 691   0   0   36, 107   0   118. 00   NONREI MBURSABLE COST CENTERS   190. 00   19						0	0	1
SPECIAL PURPOSE COST CENTERS   118.00   SUBTOTALS (SUM OF LINES 1-117)   27,691   0   0   36,107   0   118.00			1, 623	C	0	1, 576	0	1
118.00   SUBTOTALS (SUM OF LINES 1-117)   27,691   0   0   36,107   0   118.00   NONREI MBURSABLE COST CENTERS	92. 00							92.00
NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   0   190. 00     194. 00   07950   RURAL HEALTH   25   0   0   0   0   194. 00     194. 01   07951   RENTAL PROPERTY   0   0   0   0   0   194. 01     194. 02   07954   FAMILY PRACTICE   1,648   0   0   0   0   194. 01     194. 03   07952   WELLNESS   0   0   0   0   0   194. 03     194. 04   07955   PHYSI CI AN PRACTICES   590   0   0   0   0     194. 06   07953   SYCAMORE SPORTS MED   0   0   0   0   194. 06     194. 06   07953   SYCAMORE SPORTS MED   0   0   0   0   194. 06     190. 00   0   0   0   0     190. 00   0   0   0   0     190. 00   0   0   0     194. 06   07953   SYCAMORE SPORTS MED   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0   0     194. 06   07953   0   0   0     194. 06   07953   0   0   0     194. 06   0   0   0   0     194. 07   0   0   0     194. 08   0   0   0     194. 08   0   0   0     194. 08   0   0   0     194. 08   0   0   0     194. 08   0   0   0     194. 08   0   0   0     194. 08   0   0     194. 08   0   0     194. 08   0   0     194. 08   0   0     194. 08   0   0     194. 08   0   0     195. 08   0   0     195. 08   0   0     196. 08   0     196.	110 00		27 401		ار	24 107	0	110 00
190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   190. 00   194. 00   194. 00   194. 00   194. 01   194. 01   194. 01   194. 02   194. 01   194. 02   194. 02   194. 03   194. 04   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 05   194. 06   194.	118.00		21, 091		ار ا	30, 107	0	1110.00
194. 00       07950       RURAL HEALTH       25       0       0       0       194. 00         194. 01       07951       RENTAL PROPERTY       0       0       0       0       0       194. 01         194. 02       07954       FAMI LY PRACTICE       1, 648       0       0       0       0       194. 02         194. 03       07952       WELLNESS       0       0       0       0       0       194. 03         194. 04       07955       PHYSI CI AN PRACTI CES       590       0       0       0       0       194. 04         194. 06       07953       SYCAMORE SPORTS MED       0       0       0       0       0       194. 06	190 00		nl			0	n	190 00
194. 01 07951 RENTAL PROPERTY  194. 02 07954 FAMILY PRACTICE  194. 03 07952 WELLNESS  0 0 0 0 0 194. 03 194. 03 194. 04 07955 PHYSI CI AN PRACTICES  194. 06 07953 SYCAMORE SPORTS MED  0 0 0 0 194. 04 194. 06 19953 SYCAMORE SPORTS MED			1			n		1
194. 02     07954     FAMILY PRACTICE     1,648     0     0     0     0     194. 02       194. 03     07952     WELLNESS     0     0     0     0     0     194. 03       194. 04     07955     PHYSI CI AN PRACTICES     590     0     0     0     0     194. 04       194. 06     07953     SYCAMORE SPORTS MED     0     0     0     0     194. 06			1	C	ol ol	0		
194. 04 07955 PHYSI CI AN PRACTI CES 590 0 0 0 194. 04 194. 06 07953 SYCAMORE SPORTS MED 0 0 0 194. 06			1, 648	C	o  o	0		
194. 06 07953 SYCAMORE SPORTS MED 0 0 0 0 194. 06			0	C	o	0		
			1 1		1	0		
194. U/U/900 P31CHI ATRI C/P31CHULUGI CAL SERVI CES   49  U  U  U  U  0 194. 07				-	1	0		
	194.07	0.7400 LOLO TRI CLADALCHOFOR CAT SEKALCEZ	49	C	<u> </u> 0	0	0	1194.07

Health Financial S	ystems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPI	TAL RELATED COSTS		Provi der	CCN: 150023	Peri od:	Worksheet B	·
					From 09/01/2014		
					To 12/31/2014		
						5/27/2015 5: 2	_
Cost C	Center Description	NONPATI ENT	DATA	PURCHASI NG	ADMI TTI NG	CASHI ERI NG/AC	
		TELEPHONES	PROCESSI NG	RECEIVING AND		COUNTS	
				STORES		RECEI VABLE	
		5. 01	5. 02	5. 03	5. 04	5. 05	
200.00 Cross	Foot Adjustments						200.00
201.00 Negati	ve Cost Centers	0	C		0	0	201.00
202. 00 TOTAL	(sum lines 118-201)	30, 003	C		0 36, 107	0	202. 00

Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150023 | Period: From 09/01/20

Column   SENDICE CONTERNS   5.06   7.00   8.00   9.00   10.00			Cost Center Description	OTHER ADMIN	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPI NG	DI ETARY	/ pm
1.00   001000   MORY CAP RET IOSTST-SIRIO & PIXT   1 CO   2 CO   002000   LAND CAP INEL CUSTS IN SMALL EXCURPTION   2 CO   2 CO   00200   LAND CAP INEL CUSTS IN SMALL EXCURPTION   2 CO   2 CO   00200   LAND CAP INEL CUSTS IN SMALL EXCURPTION   2 CO   2 CO   00200   LAND CAP IN CUSTS IN SMALL EXCURPTION   2 CO   2 CO   00200   LAND CAP IN CUSTS IN SMALL EXCURPTION   2 CO   2 CO   00200   LAND CAP IN CUSTS IN CUSTS IN SMALL EXCURPTION   2 CO   00200   LAND CAP IN CUSTS IN CUS							9. 00	10.00	
2.00 00000   MOSCOR   PRICE   COSTS AND   COSTS   COST	1 00								1 00
4.00   DOUGO DENILOYEE ERRIFETTS DEPARTMENTS									
5 02 00000 PURICES ING 5 03 00000 PURICES ING 5 04 00000 PURICES ING 5 05 00000 PURICES ING 5 06 000000 PURICES ING 5 06 0000000 PURICES ING 5 07 00 00000 PURICES ING 5 07 00									
5.03   ODS-SHE PARKETINES RECEIVING AND STORES   5.04									5. 01
5.04   0.0070 (AMBITTING   5.00   5.0									
5.05 (0) ROBBEL CASHI FERNIA/ACCIUNITS RIFET WALF   225, 963   3, 020, 101   7, 000									
5.06   00590  OTHER ADMIN AND GENERAL   225, 953   145, 121   7.00   00500  CARRESTATION OF PLANTED   11, 650   3, 020, 101   145, 121   7.00   00500  CARRESTATION OF PLANTED   11, 650   22, 750   145, 121   7.00   10, 005		4	•						
7. 00   00000   DOTROL OF FEATURE   11, 165   3, 020, 101   7, 000   00000   HURSEKEEP ING   5, 023   26, 418   366   191, 464   8, 00   00000   HURSEKEEP ING   5, 023   26, 418   366   191, 464   8, 00   10, 000   10, 00000   HURSEKEEP ING   5, 023   26, 418   366   191, 464   10, 000				225 953					
9.00   0.0990    0.0950    0.0550    191, 406   9.00   10.00		1	ł .		ł				
10.00   01000Q DETARY   2,55/8   54,610   0   3,508   299,398   10 00   11.00   10100   CAFTERIA   309   38, 668   0   2,517   0   11.00   10100   CAFTERIA   309   38, 668   0   2,517   0   11.00   10100   CAFTERIA   309   38, 668   0   7.500   0   7.64   0   13.00   10100   CAFTERIA   309   38, 668   0   7.500   0   7.64   0   13.00   17.00   0   0   0   0   0   0   0   0   0	8.00	00800	LAUNDRY & LINEN SERVICE	1, 163	29, 793	145, 121			8. 00
11.00   01100   CAFETERI A   300   38, 968   0   2,517   0   11.00   13.00					l '				
13.00   01300  MURSING ADMINISTRATION   2,532   11,822   0   764   0   13.00					l '				
16. 00   01-00   MEDICAL RECORDS & LIBRARY   3,550   26,285   0   1,698   0   16. 00								-	
17.00   01700   SCI AL SERVICE   196   975   0   6.3   0   17.00   22.00   02200   48 SERVICES-SALARY & FRINGES APPRVD   2,944   0   0   0   0   0   22.00   23.00					l '			-	
22.00		1	i e					0	
23.00					l e		0	-	
10.00   10.0					l e			-	
IMPATIENT ROUTINE SERVICE COST CENTERS   28, 045   935, 610   46, 636   60, 441   215, 039   30   00   310.00   AUTIS & PECHIOTRIC S   28, 045   935, 610   46, 636   60, 441   215, 039   30   00   310.00   INTENSIVE NURSERY   2, 644   14, 329   946   926   0   35   00   41.00   010.00   INTENSIVE NURSERY   2, 644   14, 329   946   926   0   35   00   41.00   010.00   INTENSIVE NURSERY   2, 644   14, 329   946   926   0   3   50   041.00   010.00   INTENSIVE NURSERY   2, 7178   81   19, 539   0   1, 262   0   4   30   010.00   INTENSIVE NURSERY   2, 7178   81   19, 539   0   1, 262   0   4   30   010.00   INTENSIVE NURSERY   2, 7178   81   956   17   759   0   50   01   05   01   00   00   0   0   0   0   0   0							_	-	
30.00   03000   ADULTS & PEDI ATRICS   28, 045   935, 610   46, 636   60, 441   219, 039   30, 834   31   00   0310   010   INTENSIVE CARE UNIT   7, 911   114, 305   9, 660   7, 309   38, 334   31   00   035   00   02040   INTENSIVE NURSERY   2, 444   41, 329   946   926   035   03   35, 00   35, 00   035   035   00   035   00	23.01	I NPAT	I FNT ROUTINE SERVICE COST CENTERS	293	3, 582	0	231	U	23.01
31.00	30.00			28, 045	935, 610	46, 636	60, 441	215, 039	30. 00
1.00   0.4100   SUBPROVI DER - IRF   2, 992   98, 121   2, 042   6, 339   14, 796   41, 00   43.00   43.00   43.00   MIRSERY   1, 148   19, 539   0   1, 262   0   43.00   0.00   0.00   0.0									31.00
1,148   19,539   0   1,262   0   43,00	35.00	02040	INTENSIVE NURSERY	2, 644	14, 329	946	926	0	
MACL LARY SERVICE COST CENTERS		1	1						
50.00	43. 00			1, 148	19, 539	0	1, 262	0	43. 00
50.00   05000   CARDIAC SURGERY   2,711   8,956   7	50 00			13 771	202 674	9 129	13 093	0	50.00
50.00   05000   WINCE   9, 678   149, 402   11, 866   9, 651   0   50.02   10.00   1								-	
51 OC   05101   O/P TREATMENT ROOM   3, 121   106, 196   5, 762   6, 860   19, 796   51, 02   20, 00   5200   DELI LYERY ROOM & LABOR ROOM   4, 210   103, 514   4, 667   11, 140   0, 54, 00   55, 00   6500   RADIOLOGY-DI AGNOSTI C   9, 633   172, 449   4, 697   11, 140   0, 55, 00   55, 00   6500   RADIOLOGY-THERAPEUTI C   5, 504   131, 302   2, 700   8, 492   0, 55, 00   55, 00   6500   RADIOLOGY-THERAPEUTI C   5, 504   131, 302   2, 700   8, 492   0, 55, 00   56, 00   05600   RADIOLOGY-THERAPEUTI C   1, 124   17, 304   900   472   0, 56, 00   660   0, 57, 00   570   00   0									
52.00					l '		l	-	
54. 00   05400   RADI OLOCY-DI AGNOSTIC   9, 633   172, 449   4, 697   11, 140   0   54. 00   55. 00   05600   RADI OLOCY-THERAPEUTIC   5, 004   131, 302   2, 700   8, 842   0   55. 00   05600   RADI OLOCY-THERAPEUTIC   1, 124   7, 304   990   472   0   56. 00   56. 00   05600   RADI OLOCY-THERAPEUTIC   1, 124   7, 304   990   472   0   56. 00   58. 00   05800   RADI OLOCY-THERAPEUTIC   1, 124   7, 304   990   472   0   56. 00   58. 00   05800   CTSO CT SCAN   2, 2434   10, 807   0   0   698   0   57. 00   57. 00   57.		1	ł		l '				
55.00		1	ł .		l '				
56.00     05600   RADI DI OSTOPE   1, 124   7, 304   990   472   0   56.00   57.00   5700   05700   CT SCAN   2, 434   10, 807   0   6698   0, 57.00   58.00   05800   MAGNETI C RESONANCE IMAGING (MRI)   1,722   12, 901   4,784   833   0   58.00   59.00   05900   CARDIAC CATHETRI ZATI ON   15, 773   83, 060   1,415   5,366   1,225   59.00   0					l '			-	
57 00   05700   CT SCAN					i '			-	
59 00   05900   CARDIAC CATHETERI ZATION   15,078   83,060   1,415   5,366   1,225   59,00					l '		l	0	
60.00   06000   LABORATORY   7, 246								-	
62.00   06.0					l '				
65.00   06500   06500   06500   06500   06500   066000   066000   066000   066000   066000   066000   066000   066000   0660		1	i e		l e		_		
66. 00   06600   PHYSI CAL THERAPY   1,734   50,501   1,183   3,262   0   66.00   66.01   06001   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   0   0					l e			-	
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   0   66. 01   66. 02   06602   07P PHYSI CAL THERAPY   2,333   0   3,091   0   0   0   66. 01   66. 02   06700   0CCUPATI ONAL THERAPY   7777   8,249   0   533   0   67. 00   68. 00   06800   06900   ELECTROCARDI OLOGY   2,092   6,493   1,024   419   0   69. 00   69. 01   06901   CARDI AC REHAB   524   35,823   99   2,314   0   69. 01   70. 00   07000   ELECTROCARDI OLOGY   1,317   7,488   310   484   0   70. 00   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATI ENTS   941   28,420   0   1,836   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   8,136   0   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   25,642   63,895   0   4,128   0   73. 00   74. 00   07000   CLINI C   0   0   0   0   0   0   75. 00   09000   CLINI C   0   0   0   0   0   76. 00   09000   CLINI C   0   0   0   0   0   77. 00   09000   PATI ENT NUTRI TION   355   9,603   0   620   0   90. 05   79. 07   09007   WOUND CLINI C   1,148   19,399   1,523   1,253   0   90. 07   79. 00   09100   EMERGENCY   8,435   119,764   22,371   7,737   0   91. 00   79. 00   09200   OBSERVATI ON BEDS (NON-DISTINCT PART)   SPECIAL PURPOSE COST CENTERS   79. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   23   0   0   0   0   0   79. 00   19000   19T, FLOWER, COFFEE SHOP & CANTEEN   23   0   0   0   0   79. 01   194. 00   0   194. 00   794. 01   07951   RENTAL PROPERTY   235   0   0   0   0   0   794. 01   07955   PRYSI CLATE FROM ENTRY   235   0   0   0   0   794. 02   07955   PRYSI CLATERS   25   57, 103   0   3,689   0   794. 03   07955   PRYSI CLATERS   27   184,444   181   11,915   0   194. 00   794. 04   07955   PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES   873   14,260   0   921   0   194. 01   794. 04   07955   PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES   873   14,260   0   921   0   194. 07   794. 04   07955   PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES   873   14,260   0   921   0   194. 07								-	
67.00   06700   0CCUPATI ONAL THERAPY   777   8, 249   0   533   0   67.00   68.00   06800   SPEECH PATHOLOGY   332   16, 359   0   1, 057   0   68.00   06900   ELECTROCARDI OLOGY   2, 092   6, 493   1, 024   419   0   69.01   06901   CARDI AC REHAB   524   35, 823   99   2, 314   0   70.00   07000   ELECTROCENCEPHALOGRAPHY   1, 317   7, 488   310   484   0   70.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   941   28, 420   0   1, 836   0   71.00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   8, 136   0   0   0   0   72.00   07200   IMPL DEV. CHARGED TO PATIENTS   8, 136   0   0   0   0   73.00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0   73.00   73.00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0   73.00   70.00   0000   CLI NIC   0   0   0   0   0   0   70.00   09000   CLI NIC   0   0   0   0   70.00   09000   DRITENT NUTRI TI ON   355   9, 603   0   620   0   70.00   09005   PATIENT NUTRI TI ON   355   9, 603   0   620   0   70.00   09005   PATIENT NUTRI TI ON   355   9, 603   0   620   0   70.00   09000   DRITEN NUTRI TI ON   355   9, 603   0   620   0   70.00   09000   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   09000   70.00   09000   09000   09000   09000   09000   09000   09000   70.00   09000   0					1	0		0	
68. 00   06800   SPEECH PATHOLOGY   332   16, 359   0   1, 057   0   68. 00   69. 00   06900   ELECTROCARDIOLOGY   2, 092   6, 493   1, 024   419   0   69. 00   69. 00   69. 00   70. 00   70. 00   70. 00   70. 00   70. 00   70. 00   ELECTROCARDIOLOGY   1, 317   7, 488   310   484   0   70. 00   70. 00   71. 00   70. 00   71. 00   70. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   941   28, 420   0   1, 836   0   71. 00   72. 00   72. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   8, 136   0   0   0   0   0   0   0   0   0							0		
69. 00   06900   ELECTROCARDI OLOGY   2, 092   6, 493   1, 024   419   0   69. 00   69. 01   06901   CARDI AC REHAB   524   35, 823   99   2, 314   0   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   1, 317   7, 488   310   484   0, 70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   941   28, 420   0   1, 836   0, 71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   8, 136   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0, 73. 00   74. 00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0, 73. 00   75. 00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0, 73. 00   76. 00   03020   RENAL ACUTE   1, 058   17, 538   497   1, 133   0, 76. 00   79. 00   09000   CLINIC   0   0   0   0   0   0   79. 05   09005   PATIENT SERVICE COST CENTERS   79. 00   09000   PATIENT NUTRITION   355   9, 603   0   620   0, 90. 05   79. 07   09007   WOUND CLINIC   1, 148   19, 399   1, 523   1, 253   0, 90. 07   791. 00   09100   EMERGENCY   8, 435   119, 764   22, 371   7, 737   0, 91. 00   792. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   792. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 01   794. 02   07954   FAMILY PRACTICE   3, 627   184. 444   181   11, 915   0   194. 02   7954   FAMILY PRACTICE   3, 627   184. 444   181   11, 915   0   194. 02   7954   PAMILY PRACTICE   3, 627   184. 444   181   11, 915   0   194. 03   794. 04 07955   PHYSI CI AN PRACTICES   6, 606   0   517   0   0   194. 04   794. 04 07955   PHYSI CI AN PRACTICES   6, 606   0   517   0   0   194. 05   794. 04 07955   PSYCHI ATRI C/PSYCHOLOGI CAL SERVICES   873   14, 260   0   921   0   194. 05   794. 04 07955   PSYCHI ATRI C/PSYCHOLOGI CAL SERV									
69. 01   06901   CARDI AC REHAB   524   35, 823   99   2, 314   0   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   1, 317   7, 488   310   484   0   70. 00   71. 00   07100   MEDICAL SUPPLIES CHARGED TO PATIENTS   941   28, 420   0   1, 836   0   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   8, 136   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0   73. 00   76. 00   03020   RENAL ACUTE   1, 058   17, 538   497   1, 133   0   76. 00   0000   CLINIC   0   0   0   0   0   0   79. 05   09005   PATIENT NUTRITION   355   9, 603   0   620   0   90. 05   79. 07   09007   WOUND CLINIC   1, 148   19, 399   1, 523   1, 253   0   90. 07   79. 00   09100   EMERGENCY   8, 435   119, 764   22, 371   7, 737   0   91. 00   79. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   79. 05   09005   SUBTOTALS (SUM OF LINES 1-117)   210, 753   2, 764, 294   144, 294   174, 941   289, 398   118. 00   79. 00   1900   09000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   235   0   0   0   0   0   0   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   0   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   0   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   0   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   0   794. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   0   795. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   0   795. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   796. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   796. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   796. 00   07950   RURAL HEALTH   3, 010   0   0   0   797. 00   07950   RURAL HEALTH   3, 010   0   0   0   797. 00   07950   RURAL HEALTH   3, 010   0   0   0   798. 00   07950   RURAL HEALTH   3, 010   0   0   0   799. 00   07950   RURAL HEALTH   3, 010   0   0   0   0   799. 00   07950		1							
70. 00   07000   ELECTROENCEPHALOGRAPHY   1, 317   7, 488   310   484   0   70. 00   71. 00   72. 00   71. 00   72. 00   71. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   72. 00   73. 00									
72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   8, 136   0   0   0   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0   73. 00   76. 00   0020   RENAL ACUTE   1, 058   17, 538   497   1, 133   0   76. 00   0UTPATIENT SERVICE COST CENTERS  90. 00   09000   CLINIC   0   0   0   0   0   0   0   90. 05   09005   PATIENT NUTRITION   3555   9, 603   0   620   0   90. 05   90. 07   09007   WOUND CLINIC   1, 148   19, 399   1, 523   1, 253   0   90. 07   91. 00   09100   EMERGENCY   8, 435   119, 764   22, 371   7, 737   0   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00   92. 00   SUBTOTALS (SUM OF LINES 1-117)   210, 753   2, 764, 294   144, 294   174, 941   289, 398   118. 00   194. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   194. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   194. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 01   194. 01   07951   RENTAL PROPERTY   235   0   0   0   0   0   194. 01   194. 02   07952   WELLNESS   515   57, 103   0   3, 689   0   194. 02   194. 03   07952   WELLNESS   515   57, 103   0   3, 689   0   194. 03   194. 04   07955   PHYSI CI AN PRACTICES   873   14, 260   0   921   0   194. 06   194. 06   07953   SYCAMORE SPORTS MED   311   0   0   0   0   0   0   0   194. 07   07956   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC/PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC PSYCHOLOGICAL SERVICES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHIATRIC PSYCHOLOGICA								-	
73. 00   07300   DRUGS CHARGED TO PATIENTS   25, 642   63, 895   0   4, 128   0   73. 00   76. 00   03020   RENAL ACUTE   1,058   17,538   497   1,133   0   76. 00	71.00			941	28, 420	0	1, 836	0	
76. 00 03020 RENAL ACUTE									
90. 00   09000   CLI NI C   0   0   0   0   0   0   0   0   0									
90. 00	76.00			1,036	17, 330	497	1, 133	U	76.00
90. 07   09007   WOUND CLINI C   1, 148   19, 399   1, 523   1, 253   0   90. 07   91. 00   09100   EMERGENCY   8, 435   119, 764   22, 371   7, 737   0   91. 00   92. 00   SPECIAL PURPOSE COST CENTERS   18. 00   SUBTOTALS (SUM OF LINES 1-117)   210, 753   2, 764, 294   144, 294   174, 941   289, 398   118. 00   190. 00   19000   GFT, FLOWER, COFFEE SHOP & CANTEEN   3, 010   0   129   0   0   194. 00   194. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00   194. 01   07951   RENTAL PROPERTY   235   0   0   0   0   194. 01   194. 02   07954   FAMI LY PRACTI CE   3, 627   184, 444   181   11, 915   0   194. 02   194. 03   07952   WELLNESS   515   57, 103   0   3, 689   0   194. 03   194. 04   07955   PHYSI CI AN PRACTI CES   6, 606   0   517   0   0   194. 05   194. 07   07956   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   873   14, 260   0   921   0   194. 07   194. 07   07956   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   873   14, 260   0   921   0   194. 07   195. 07   07   07   07   07   07   07   07	90.00			0	0	0	0	0	90. 00
91. 00	90.05			355	9, 603	0	620	0	90. 05
92. 00					l '			-	
SPECIAL PURPOSE COST CENTERS   SUBTOTALS (SUM OF LINES 1-117)   210,753   2,764,294   144,294   174,941   289,398   118.00   NONREI MBURSABLE COST CENTERS				8, 435	119, 764	22, 371	7, 737	0	
118.00   SUBTOTALS (SUM OF LINES 1-117)   210,753   2,764,294   144,294   174,941   289,398   118.00   NONREI MBURSABLE COST CENTERS	92.00								92.00
NONRE   MBURSABLE COST CENTERS   190. 00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   23   0   0   0   0   190. 00     194. 00   07950   RURAL HEALTH   3, 010   0   129   0   0   194. 00     194. 01   07951   RENTAL PROPERTY   235   0   0   0   0   0     194. 02   07954   FAMI LY PRACTI CE   3, 627   184, 444   181   11, 915   0   194. 02     194. 03   07952   WELLNESS   515   57, 103   0   3, 689   0   194. 02     194. 04   07955   PHYSI CI AN PRACTI CES   6, 606   0   517   0   0   194. 04     194. 06   07953   SYCAMORE SPORTS MED   311   0   0   0   0     194. 07   07956   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   873   14, 260   0   921   0   194. 07     190. 00   190. 00   190. 00   190. 00     194. 07   07956   0   0   0   194. 07     195. 00   0   0   0   0   0     194. 07   07956   0   0   0   0     194. 07   07956   0   0   0   0     194. 07   07956   0   0   0     194. 07   07956   0   0   0     194. 07   07956   0   0   0     194. 07   07956   0   0   0     194. 07   07956   0   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0   0     194. 07   07956   0     194. 07   07956   0     194. 07   07956   0     194. 07   07956   0     194. 07   07956   0     194. 07   0     194. 08	118 00			210 753	2 764 294	144 294	174 941	289 398	118 00
194. 00 07950     RURAL HEALTH     3, 010     0     129     0     0 194. 00       194. 01 07951     RENTAL PROPERTY     235     0     0     0     0 194. 01       194. 02 07954     FAMI LY PRACTI CE     3, 627     184, 444     181     11, 915     0 194. 02       194. 03 07952     WELLNESS     515     57, 103     0     3, 689     0 194. 03       194. 04 07955     PHYSI CI AN PRACTI CES     6, 606     0     517     0     0 194. 03       194. 06 07953     SYCAMORE SPORTS MED     311     0     0     0     0 194. 06       194. 07 07956     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     873     14, 260     0     921     0 194. 07				2.07,00	2//01/2/1	1117271	.,,,,,,,,	207, 070	
194. 01     07951     RENTAL PROPERTY     235     0     0     0     0     194. 01       194. 02     07954     FAMI LY PRACTI CE     3, 627     184, 444     181     11, 915     0     194. 02       194. 03     07952     WELLNESS     515     57, 103     0     3, 689     0     194. 03       194. 04     07955     PHYSI CI AN PRACTI CES     6, 606     0     517     0     0     194. 04       194. 06     07953     SYCAMORE SPORTS MED     311     0     0     0     0     194. 06       194. 07     07956     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     873     14, 260     0     921     0     194. 07	190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	23	0	0	0	0	190. 00
194. 02     07954     FAMI LY PRACTI CE     3, 627     184, 444     181     11, 915     0 194. 02       194. 03     07952     WELLNESS     515     57, 103     0     3, 689     0 194. 03       194. 04     07955     PHYSI CI AN PRACTI CES     6, 606     0     517     0     0 194. 04       194. 06     07953     SYCAMORE SPORTS MED     311     0     0     0     0     194. 06       194. 07     07956     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     873     14, 260     0     921     0 194. 07					l e	129	0		
194. 03 07952 WELLNESS     515     57, 103     0     3, 689     0 194. 03       194. 04 07955 PHYSI CI AN PRACTICES     6, 606     0     517     0     0 194. 04       194. 06 07953 SYCAMORE SPORTS MED     311     0     0     0     0 194. 06       194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     873     14, 260     0     921     0 194. 07					l e	0	11 015		
194. 04     07955     PHYSI CI AN PRACTI CES     6, 606     0     517     0     0 194. 04       194. 06     07953     SYCAMORE SPORTS MED     311     0     0     0     0     194. 06       194. 07     07956     PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES     873     14, 260     0     921     0 194. 07									
194. 06   07953   SYCAMORE SPORTS MED   311   0   0   0   194. 06   194. 07   07956   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   873   14, 260   0   921   0   194. 07									
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 873 14, 260 0 921 0 194. 07					l			0	194. 06
200.00     Cross Foot Adjustments			l e e e e e e e e e e e e e e e e e e e	873	14, 260	0	921	0	194. 07
	200.00	)	Cross Foot Adjustments						200. 00

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 150023	Peri od:	Worksheet B	
				From 09/01/2014	Part II	
				To 12/31/2014	Date/Time Pre	
					5/27/2015 5: 2	27 pm
Cost Center Description	OTHER ADMIN	OPERATION OF	LAUNDRY &	HOUSEKEEPI NG	DI ETARY	
	AND GENERAL	PLANT	LINEN SERVICE			
	5. 06	7. 00	8. 00	9. 00	10.00	
201.00 Negative Cost Centers	0	0		0 0	0	201.00
202.00 TOTAL (sum lines 118-201)	225, 953	3, 020, 101	145, 12	1 191, 466	289, 398	202. 00

| In Lieu of Form CMS-2552-10 | Period: | Worksheet B | From 09/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | From 12/31/2014 | Prepared: | From 12/31/2014 | Prepared: | Prep Health Financial Systems
ALLOCATION OF CAPITAL RELATED COSTS Provi der CCN: 150023

COST CENTER DESCRIPTION						lo	12/31/2014	Date/lime Pre 5/27/2015 5:2	
CAPTITIST   ANABYS NET CONT. CENTERS   ANABYS NET CONT. SERVICE								INTERNS &	
ADMINISTRATIO   RECORDS   SERVICE   DOS CENTERS     11.00   13.00   16.00   17.00   21.00			Cost Center Description	CAFETERIA	NURSING	MEDI CAL	SOCLAL		
DEMERAL SERVICE DOST CRITTERS			oost conten bescription	ON ETERNIA					
CEREBRAL SERVICE ODST CENTERS				11 00			17.00	21.00	
1.00		GENER	AL SERVICE COST CENTERS	11.00	13.00	16.00	17.00	21.00	
4.00   00400   DEPLOYEE BEREFITS DEPARTMENT		00100	NEW CAP REL COSTS-BLDG & FIXT						
5.01 00040 MORPATIENT TELEPHONES		1	•						
5.02   00500 DATA PROCESSING   5.02   5.02   5.03   5.06   00570 JAMITTING S   5.03   5.04   00570 JAMITTING S   5.04   5.00   00570 JAMITTING S   5.00   00570 JA		1	•						
5.04   0.0570   JANM ITTING		1	i e						
0.008   0.00									
0.0090   OTHER ADMIN AND GENERAL									
0.00700   0.		1	i e						
9.00   00900   NOLSEKEPEP IN NO.		1	l e e e e e e e e e e e e e e e e e e e						
10.00   01000   DETARY		1	l e e e e e e e e e e e e e e e e e e e						
11.00   01100   CAFETERIA     11.5 BV		1	l .						
16.00   01-000   MEDICAL, RECORDS & LIBRARY   4, 635   0   102, 177   10, 00   170,		1	•	115, 807					
17.00   01700   SOCIAL SERVICE   219   116   0   3.441   17.00   12.00   22.		1	l control of the cont	,					
21.00 0200   IAS SERVICES-SALARY & FRINGES APPRVD 10 0 0 0 4, 203 21.00 0 23.00   23.00 0 0 0 0 0 0 23.00   23.00 0300   PARAMED ED PRGM 229 0 0 0 0 0 0 23.00   23.00   23.00 0 0 0 0 0 0 23.00   23.		1	l e e e e e e e e e e e e e e e e e e e	· ·			3 1/1		
22.00   0200   IAS SERVICES-OTHER PROW OSTS APPRVD   0.18   0.0   0.0   0.23   0.0   0.0   0.0   0.23   0.0   0.0   0.0   0.23   0.0   0.0   0.0   0.0   0.3   0.0   0.0   0.0   0.3   0.0   0.0   0.0   0.0   0.3   0.0   0		1	1					4, 203	
23.0		02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	618	0	0	0	·	
INPATI ENT ROUTINE SERVICE COST CENTERS   33, 572   15, 961   8, 561   1, 853   30, 00   30, 00   30100   AURITS & PEDIDATRIC S   33, 572   15, 961   8, 561   1, 853   31, 00   31, 00   30100   INTERNIS VIC CARE UNIT   9, 411   4, 960   2, 507   351   31, 00   3		1	l e				-		
30.00	23. 01			598	315	<u> </u>	U		23.01
35.00	30.00			33, 572	15, 961	8, 561	1, 853		30.00
11.00   04100   SUBPROVI DER - I LEF   2, 313   1, 219   311   8   41.00   A30.0   A30.0   MIRSERY   1, 695   893   432   313   43.00   A30.0   O4500   MIRSERY   1, 695   897   315   1, 207   0   50.00   50.00   50.00   DERATI NG ROOM   6, 839   3, 604   13, 985   0   50.00   50.00   50.00   DERATI NG ROOM   6, 839   3, 604   13, 985   0   50.00   50.01   50.00				· ·					
A3. 00   04300   NURSERY   1,695   893   432   313   43. 00		1	i e						
50.00		1	ł .						
50.00     05001   CARDI AC SURGERY   897   315   1,207   0   50.01		ANCI L	LARY SERVICE COST CENTERS				,		
50. 02   05002   WSC   90   47   8,737   0   50. 02		1	•						
51.00   05100   DEFOVERY ROOM   2, 213   1, 166   356   0   51.00									
52.00   0520	51.00			2, 213	1, 166		0		
54 00   05400   RADIO ILOGY-DIAGNOSTIC   6,639   0   5,516   0   54 00				· · · · · · · · · · · · · · · · · · ·					
55.00   05500   RADIO LOGY-THERAPEUTI C   598   0   3,542   8   55.00   56.00   65.0		1	•						
57. 00   05800   CT SCAN   1,256   0   6,529   0   57. 00							ĭ		
S8. 00   05900   CARDIA C CATHETERI ZATI ON   977   210   8, 295   8   59. 00							ĭ		
59.00   05900   CARDIAC CATHETERIZATION   977   210   8,295   8   59.00							- 1		
60.00   06000   LABORATORY   0   0   6, 371   0   60.00		1	, , ,			, , , , ,	8		
65.00   06500   RESPIRATORY THERAPY   4,177   2,201   1,311   0   66.00   66.00   66.00   66.00   66.00   66.00   66.00   66.00   66.01   66.00   66.01   66.0	60.00	1	1	0	1		0		
66. 00   06600   PHYSI CAL THERAPY   259   137   1, 313   0   66. 00   66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   66. 02   06602   07P PHYSI CAL THERAPY   0   0   0   0   0   67. 00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   0   68. 00   06800   SPEECH PATHOLOGY   0   0   0   0   69. 00   06900   ELECTROCARDI OLOGY   2, 552   0   1, 379   0   69. 01   06901   CARDI AC REHAB   409   0   124   0   69. 01   06901   CARDI AC REHAB   409   0   124   0   69. 01   07000   ELECTROCEPHALOGRAPHY   728   0   629   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   220   0   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   72. 00   07200   IMPL DEV. CHARGED TO PATI ENTS   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   74. 00   03020   RENAL ACUTE   0   0   0   0   75. 00   03020   RENAL ACUTE   0   0   0   76. 00   03020   RENAL ACUTE   0   0   0   76. 00   09000   CLINI C   0   0   0   77. 00   070007   WOUND CLINI C   508   268   436   0   79. 07   09007   WOUND CLINI C   508   268   436   0   79. 07   09007   WOUND CLINI C   508   268   436   0   79. 07   09007   WOUND CLINI C   508   268   436   0   79. 00   09000   058ERVATI ON BEDS (NON-DISTINCT PART)   500000000000000000000000000000000000		1	l .	0	-		0		
66. 01   06601   06601   PSYCH ATRI C/PSYCHOLOGI CAL SERVI CES   0   0   0   0   0   0   66. 01   66. 02   06602   0/P PHYSI CAL THERAPY   0   0   0   0   0   0   0   67. 00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   0   0   68. 00   06800   SPEECH PATHOLOGY   0   0   0   57   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   2, 552   0   1, 379   0   69. 00   69. 01   06901   CARDI AC REHAB   409   0   124   0   69. 01   70. 00   07000   ELECTROCARDI OLOGY   728   0   629   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   220   0   71. 00   72. 00   07200   MPL DEV. CHARGED TO PATI ENTS   0   0   0   0   0   72. 00   07300   DRUGS CHARGED TO PATI ENTS   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   4, 227   1, 172   13, 738   0   73. 00   76. 00   03020   RENAL ACUTE   0   0   262   0   76. 00   09000   CLI NI C   0   0   0   0   79. 00   09000   CLI NI C   0   0   0   0   79. 00   09000   DRUGS CHARGED TO PATI ENTS   0   0   0   0   79. 00   09000   DRUGS CHARGED TO PATI ENTS   0   0   0   0   79. 00   09000   DRUGS CHARGED TO PATI ENTS   0   0   0   0   76. 00   09000   0000   0000   0000   77. 00   00000   0000   0000   0000   78. 00   00000   00000   0000   79. 00   00000   00000   0000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   00000   79. 00   00000   00000   79. 00   00000   00000   79. 00   00000   00000   79. 00   00000   00000   79. 00   00000   00000   79. 00   00000   00000   79. 00   00000   00000   79. 00   00000   79. 00   00000   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00   00000   79. 00									
67. 00   06700   0CCUPATI ONAL THERAPY   0   0   0   0   0   67. 00   68. 00   06800   SPEECH PATHOLOGY   0   0   0   57   0   68. 00   69. 00   06900   ELECTROCARDI OLOGY   2,552   0   1,379   0   69. 00   69. 01   06901   CARDI AC REHAB   409   0   124   0   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   728   0   629   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATIENTS   4,227   1,172   13,738   0   73. 00   76. 00   03020   RENAL ACUTE   0   0   0   262   0   76. 00   007000   CLINIC   0   0   0   0   790. 05   09005   PATIENT NUTRITION   479   252   23   0   790. 07   09007   WOUND CLINIC   508   268   436   0   790. 07   09007   WOUND CLINIC   508   268   436   0   791. 00   09100   EMERGENCY   7,786   4,014   8,997   465   91. 00   792. 00   09200   DSBERVATION BEDS (NON-DISTINCT PART)   7,786   4,014   8,997   465   91. 00   790. 05   09005   PATIENT NUTRITION   110,762   42,651   102,177   3,441   0   790. 05   09006   SUBSTAVATION BEDS (NON-DISTINCT PART)   7,786   4,014   8,997   465   91. 00   790. 00   09000   GRUGA CENTERS   7,786   4,014   8,997   465   91. 00   790. 00   09000   SERVATION BEDS (NON-DISTINCT PART)   7,860   4,014   8,997   465   91. 00   790. 00   09000   09000   09000   00   00				0			0		
68. 00   06800   SPEECH PATHOLOGY   0   0   577   0   68. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 00   69. 01   69.		1	•	0	0		0		
69. 00   06900   ELECTROCARDI OLOGY   2, 552   0   1, 379   0   69. 00   69. 01   06901   CARDI AC REHAB   409   0   124   0   69. 01   70. 00   07000   ELECTROENCEPHAL OGRAPHY   728   0   629   0   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0   0   0   0   0   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0   0   0   0   0   73. 00   07300   DRUGS CHARGED TO PATI ENTS   4, 227   1, 172   13, 738   0   73. 00   76. 00   03020   RENAL ACUTE   0   0   262   0   76. 00   00TPATI ENT SERVI CE COST CENTERS  90. 00   09000   CLI NI C   0   0   0   0   0   0   90. 05   09005   PATI ENT NUTRI TI ON   479   252   23   0   90. 05   90. 07   09007   WOUND CLI NI C   508   268   436   0   90. 07   91. 00   09100   EMERGENCY   7, 786   4, 014   8, 997   465   91. 00   92. 00   09000   GDSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   90. 05   09000   GDSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   910. 05   09000   GUSTOTALS (SUM OF LINES 1-117)   110, 762   42, 651   102, 177   3, 441   0   194. 00   07950   RURAL HEALTH   0   0   0   0   0   194. 00   07950   RURAL HEALTH   0   0   0   0   194. 01   07951   RENTAL PROPERTY   0   0   0   0   194. 01   07951   RENTAL PROPERTY   0   0   0   0   194. 02   07954   FAMI LY PRACTICE   2, 881   0   0   0   194. 03   07952   WELLNESS   0   0   0   0   194. 04   07950   07952				0	0		0		
70. 00   07000   ELECTROENCEPHALOGRAPHY   728   0   629   0   70. 00   71. 00   71. 00   71. 00   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0   0   0   220   0   71. 00   72. 00   72. 00   7200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   0   72. 00   73				2, 552	Ö		Ö		
71. 00		1	ł .				0		
72.00   07200   IMPL. DEV. CHARGED TO PATIENTS   0   0   0   0   0   72.00     73.00   07300   DRUGS CHARGED TO PATIENTS   4,227   1,172   13,738   0   73.00     76.00   03020   RENAL ACUTE   0   0   0   262   0     76.00   DUTPATIENT SERVICE COST CENTERS   0   0   0   0     90.00   09000   CLI NI C   0   0   0   0     90.05   09005   PATIENT NUTRITION   479   252   23   0   90.05     90.07   09007   WOUND CLINIC   508   268   436   0   90.07     91.00   09100   EMERGENCY   7,786   4,014   8,997   465   91.00     92.00   DSSERVATION BEDS (NON-DISTINCT PART)   92.00     18.00   SUBTOTALS (SUM OF LINES 1-117)   110,762   42,651   102,177   3,441   0     190.00   19000   GI FT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0     194.00   07951   RENTAL PROPERTY   0   0   0   0     194.01   07951   RENTAL PROPERTY   0   0   0   0     194.02   194.03   07952   WELLNESS   0   0   0   0      194.03   07952   WELLNESS   0   0   0   0      194.03   07952   WELLNESS   0   0   0   0      194.03   07952   WELLNESS   0   0   0   0      194.03   07952   WELLNESS   0   0   0   0      194.03   07952   WELLNESS   0   0   0   0      194.03   07952   WELLNESS   0   0   0      194.04   07951					1		0		
76. 00				o o	· -		Ö		
OUTPATI ENT SERVI CE COST CENTERS   O				4, 227			0		
90. 00	76. 00			0	0	262	0		76.00
90. 07   09007   WOUND CLINIC   508   268   436   0   90. 07   91. 00   09100   EMERGENCY   7, 786   4, 014   8, 997   465   91. 00   92. 00   09200   OBSERVATION BEDS (NON-DISTINCT PART)   92. 00	90.00			0	0	0	0		90.00
91. 00							0		
92. 00   09200   0BSERVATI ON BEDS (NON-DISTINCT PART)   92. 00   SPECIAL PURPOSE COST CENTERS   118. 00   SUBTOTALS (SUM OF LINES 1-117)   110, 762   42, 651   102, 177   3, 441   0   118. 00   NONREI MBURSABLE COST CENTERS   190. 00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   190. 00   194. 00   194. 00   194. 01   194. 01   194. 02   194. 02   194. 02   194. 02   194. 03   195. 03   194. 03							0 465		
118. 00   SUBTOTALS (SUM OF LINES 1-117)   110, 762   42, 651   102, 177   3, 441   0   118. 00   NONREI MBURSABLE COST CENTERS				7,700	4,014	0, 777	403		
NONRE   MBURSABLE COST CENTERS     190.00   19000   GIFT, FLOWER, COFFEE SHOP & CANTEEN   0   0   0   0   190.00   194.00   194.00   07950   RURAL HEALTH   0   0   0   0   0   194.00   194.01   194.02   194.02   194.02   194.02   194.03   195.05   194.03   194.0									
190. 00     19000 GFT, FLOWER, COFFEE SHOP & CANTEEN     0     0     0     0     190. 00       194. 00 07950 RURAL HEALTH     0     0     0     0     0     194. 00       194. 01 07951 RENTAL PROPERTY     0     0     0     0     0     194. 01       194. 02 07954 FAMI LY PRACTICE     2, 881     0     0     0     0     194. 02       194. 03 07952 WELLNESS     0     0     0     0     194. 03	118.00			110, 762	42, 651	102, 177	3, 441	0	118. 00
194. 01     07951     RENTAL PROPERTY     0     0     0     0     194. 01       194. 02     07954     FAMI LY PRACTICE     2, 881     0     0     0     0     194. 02       194. 03     07952     WELLNESS     0     0     0     0     194. 03		19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		
194. 02 07954 FAMILY PRACTICE 2, 881 0 0 0 194. 02 194. 03 07952 WELLNESS 0 0 0 194. 03				0	0	0	0		
194. 03 07952 WELLNESS 0 0 0 0 194. 03				2, 881			ol		
194. 04 07955 PHYSI CI AN PRACTI CES   1, 695  0  0  0  194. 04	194. 03	07952	WELLNESS	0	-	_	o		194. 03
	194. 04	I <sub>1</sub> 07955	PHYSICIAN PRACTICES	1, 695	] 0	0	0		194. 04

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period: From 09/01/2014	Worksheet B Part II	
				To 12/31/2014		
					I NTERNS & RESI DENTS	
Cost Center Description	CAFETERI A	NURSI NG	MEDI CAL	SOCI AL	SERVI CES-SALA	
		ADMI NI STRATI O N	RECORDS & LI BRARY	SERVI CE	RY & FRINGES	
	11. 00	13. 00	16.00	17.00	21.00	
194.06 07953 SYCAMORE SPORTS MED	20	11		0		194. 06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	449	0		0		194. 07
200.00 Cross Foot Adjustments					4, 203	200. 00
201.00 Negative Cost Centers	3, 634	0		0	0	201.00
202.00 TOTAL (sum lines 118-201)	119, 441	42, 662	102, 17	3, 441	4, 203	202. 00

ALLOCA	ATION OF CAPITAL RELATED COSTS	ONI ON THOSE I		F	Period: From 09/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Pre 5/27/2015 5:2	pared:
	Cost Center Description	I NTERNS & RESI DENTS SERVI CES-OTHE R PRGM COSTS	PARAMED ED PRGM	OTHER MED ED	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	Ta	22. 00	23. 00	23. 01	24. 00	25. 00	
1 00	GENERAL SERVICE COST CENTERS  00100 NEW CAP REL COSTS-BLDG & FIXT						1 1 00
1.00 2.00 4.00 5.01 5.02 5.03 5.04 5.05 6.06 7.00 8.00 9.00 10.00 11.00 13.00 16.00 21.00 22.00 23.00	00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES 00550 DATA PROCESSING 00560 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMIN AND GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION 01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE 02100 I&R SERVICES-SALARY & FRINGES APPRVD 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	4, 046	505	1			1. 00 2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 05 5. 06 7. 00 9. 00 10. 00 11. 00 13. 00 16. 00 17. 00 21. 00 22. 00 23. 00
23. 01	O2341 OTHER MED ED     INPATIENT ROUTINE SERVICE COST CENTERS			12, 174	<u> </u>		23. 01
30. 00 31. 00 35. 00 41. 00	03000 ADULTS & PEDIATRICS 03100 I NTENSI VE CARE UNIT 02040 I NTENSI VE NURSERY 04100 SUBPROVI DER - I RF				3, 523, 514 607, 229 104, 936 322, 392	0 0 0 0	30. 00 31. 00 35. 00 41. 00
43. 00	04300 NURSERY				64, 664	0	43.00
50. 00	ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM				1, 581, 516	0	50.00
50. 01	05001 CARDI AC SURGERY				112, 140	0	50.01
50. 02	05002 WVSC				706, 500	0	50.02
51.00	05100 RECOVERY ROOM				71, 565	0	51.00
51. 02 52. 00	O5101   O/P TREATMENT ROOM   O5200   DELIVERY ROOM & LABOR ROOM				397, 395 467, 628	0	51. 02 52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C				1, 153, 531	0	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C				913, 051	0	55.00
56.00	05600 RADI OI SOTOPE				28, 290	0	56.00
57. 00 58. 00	05700 CT SCAN   05800 MAGNETIC RESONANCE IMAGING (MRI)				156, 361	0	57. 00 58. 00
	05900 CARDI AC CATHETERI ZATI ON			•	311, 215 1, 258, 476	0	59.00
60.00	06000 LABORATORY				178, 500	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				1, 638	0	62.00
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY				219, 418 164, 746	0	65. 00 66. 00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES			•	104, 740	0	66. 01
66. 02	06602 O/P PHYSI CAL THERAPY				138, 398	0	66. 02
67.00	06700 OCCUPATI ONAL THERAPY				28, 291	0	67.00
68. 00 69. 00	06800 SPEECH PATHOLOGY 06900 ELECTROCARDI OLOGY				63, 055 136, 210	0	68. 00 69. 00
69. 01	06901 CARDI AC REHAB				120, 932	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY				52, 815	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS				136, 633	0	71.00
72. 00 73. 00	07200 IMPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS			•	8, 136 458, 890	0	72. 00 73. 00
76. 00	03020 RENAL ACUTE				51, 771	0	76.00
	OUTPATIENT SERVICE COST CENTERS				, ,		
90.00	09000 CLINIC				0	0	90.00
90. 05 90. 07	09005 PATIENT NUTRITION 09007 WOUND CLINIC			•	29, 275 66, 571	0	90. 05 90. 07
91. 00	09100 EMERGENCY				624, 767	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				,	0	92.00
440.5	SPECIAL PURPOSE COST CENTERS			-	44.000		110 05
118.00	SUBTOTALS (SUM OF LINES 1-117)   NONREIMBURSABLE COST CENTERS	0	0	<u>C</u>	14, 260, 449	0	118. 00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				23	0	190. 00
194.00	07950 RURAL HEALTH				91, 466	0	194. 00
	07951 RENTAL PROPERTY				4, 592		194. 01
194. 02	07954 FAMILY PRACTICE	<u> </u>		<u> </u>	674, 573	0	194. 02

Health Financial Systems	UNION HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der	CCN: 150023	Peri od:	Worksheet B	
				From 09/01/2014 To 12/31/2014	Part II   Date/Time Pre	pared.
					5/27/2015 5: 2	
	INTERNS &					
	RESI DENTS	5454455 55	071150 1150 55			
Cost Center Description	SERVI CES-OTHE	PARAMED ED	OTHER MED ED	Subtotal	Intern &	
	R PRGM COSTS	PRGM			Resi dents	
					Cost & Post	
					Stepdown	
					Adjustments	
	22. 00	23. 00	23. 01	24.00	25. 00	
194. 03 07952 WELLNESS				159, 608	0	194. 03
194. 04 07955 PHYSICIAN PRACTICES				199, 961	0	194. 04
194.06 07953 SYCAMORE SPORTS MED				3, 156	0	194. 06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES				44, 774	0	194. 07
200.00 Cross Foot Adjustments	4, 046	505	12, 17	<sup>7</sup> 4 20, 928	0	200. 00
201.00 Negative Cost Centers	o	0		0 3, 634	0	201. 00
202.00   TOTAL (sum lines 118-201)	4, 046	505	12, 17	15, 463, 164	0	202. 00

| Period: | Worksheet B | From 09/01/2014 | Part II | To 12/31/2014 | Date/Time Prepared: | 5/27/2015 5: 27 pm Provi der CCN: 150023

			5/27/2015 5: 2	7 pm
	Cost Center Description	Total		
	I	26. 00		
	GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5. 01	OO540 NONPATI ENT TELEPHONES			5.01
5. 02 5. 03	00550 DATA PROCESSING			5. 02 5. 03
	00560 PURCHASING RECEIVING AND STORES			
5. 04	OO570 ADMITTING			5.04
5. 05 5. 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE			5. 05 5. 06
7. 00	OO590 OTHER ADMIN AND GENERAL   OO700 OPERATION OF PLANT			7.00
8. 00	00800 LAUNDRY & LINEN SERVICE	+		8.00
9. 00	00900 HOUSEKEEPI NG			9.00
10.00	01000 DI ETARY			10.00
11. 00	01100 CAFETERI A	+		11.00
	01300 NURSING ADMINISTRATION	1		13.00
	01600 MEDICAL RECORDS & LIBRARY	1		16.00
	1 1			17. 00
	02100 I &R SERVICES-SALARY & FRINGES APPRVD			21.00
	02200 I &R SERVI CES-OTHER PRGM COSTS APPRVD			22.00
	02300 PARAMED ED PRGM			23.00
23. 00	02341 OTHER MED ED			23.00
23.01				23.01
30. 00	O3000 ADULTS & PEDIATRICS	3, 523, 514		30.00
	03100 INTENSIVE CARE UNIT	607, 229		31.00
	02040 I NTENSI VE CARE UNIT	104, 936		35.00
41. 00	04100 SUBPROVI DER – I RF	322, 392		41.00
43.00	04300 NURSERY	64, 664		43.00
43.00	ANCI LLARY SERVI CE COST CENTERS	04,004		43.00
50. 00	05000 OPERATING ROOM	1, 581, 516		50.00
50. 00	05001 CARDI AC SURGERY	112, 140		50.00
	05002 WVSC	706, 500		50.01
	05100 RECOVERY ROOM	71, 565		51.00
	05101 0/P TREATMENT ROOM	397, 395		51.00
	05200 DELIVERY ROOM & LABOR ROOM	467, 628		52.00
54. 00	05400 RADI OLOGY-DI AGNOSTI C	1, 153, 531		54.00
	1 1	913, 051		55.00
56. 00	05600 RADI OI SOTOPE	28, 290		56.00
	1 1	156, 361		57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	311, 215		58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	1, 258, 476		59.00
60. 00	06000 LABORATORY	178, 500		60.00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1, 638		62.00
65. 00	06500 RESPIRATORY THERAPY	219, 418		65.00
66. 00	06600 PHYSI CAL THERAPY	164, 746		66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0		66. 01
66. 02	06602 O/P PHYSI CAL THERAPY	138, 398		66. 02
67. 00	06700 OCCUPATI ONAL THERAPY	28, 291		67.00
68. 00	06800 SPEECH PATHOLOGY	63, 055		68.00
	06900 ELECTROCARDI OLOGY	136, 210		69.00
	06901 CARDI AC REHAB	120, 932		69. 01
	07000 ELECTROENCEPHALOGRAPHY	52, 815		70.00
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136, 633		71.00
	07200 IMPL. DEV. CHARGED TO PATIENTS	8, 136		72.00
	07300 DRUGS CHARGED TO PATIENTS	458, 890		73.00
	03020 RENAL ACUTE	51, 771		76.00
, 5. 00	OUTPATIENT SERVICE COST CENTERS	31,771		, 3. 50
90.00	09000 CLINI C	0		90.00
	09005 PATIENT NUTRITION	29, 275		90.05
	09007 WOUND CLINIC	66, 571		90.03
	09100 EMERGENCY	624, 767		91.00
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	324, 707		92.00
12.00	SPECIAL PURPOSE COST CENTERS			1 /2.00
118.00		14, 260, 449		118.00
	NONREI MBURSABLE COST CENTERS	, 200,,		1
190 00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	23		190. 00
	07950 RURAL HEALTH	91, 466		194.00
	07951 RENTAL PROPERTY	4, 592		194.00
	207954 FAMILY PRACTICE	674, 573		194.01
	07952 WELLNESS	159, 608		194. 02
174.03	11.7.7.7.7.2.1.W.L.L.L.IVL.J.J.	137,000		194. 03
10/ 0/		100 041		
	07955 PHYSICIAN PRACTICES	199, 961		
194.06	07955 PHYSICIAN PRACTICES 07953 SYCAMORE SPORTS MED	3, 156		194. 06
194. 06 194. 07	07955 PHYSICIAN PRACTICES 07953 SYCAMORE SPORTS MED 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3, 156 44, 774		194. 06 194. 07
194.06	07955 PHYSICIAN PRACTICES 07953 SYCAMORE SPORTS MED 07956 PSYCHIATRIC/PSYCHOLOGICAL SERVICES Cross Foot Adjustments	3, 156		194. 06

Health Financial Systems	UNION HOSPIT	AL, INC.	In Lie	u of Form CMS-2	2552-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150023	From 09/01/2014	Worksheet B Part II Date/Time Pre 5/27/2015 5:2	
Cost Center Description	Total				
	26. 00				
202.00 TOTAL (sum lines 118-201)	15, 463, 164	-			202. 00

	Financial Systems	UNI UN HUSPI		0011 450000 0		u or Form CMS-2	
COST	ALLOCATION - STATISTICAL BASIS		Provi der	F	eriod: rom 09/01/2014 o 12/31/2014	Worksheet B-1 Date/Time Pre	
		CADLTAL DEL	ATED COSTS	'	12, 31, 2311	5/27/2015 5: 2	7 pm
		CAPITAL REL	ATED COSTS				
	Cost Center Description	NEW BLDG &	NEW MVBLE	EMPLOYEE	NONPATI ENT	DATA	
		FIXT (NEW TOTAL	EQUIP (NEW EQUIP	BENEFITS DEPARTMENT	TELEPHONES (PHONES)	PROCESSI NG (DEVI CES)	
		SQ FT)	DEPRN)	(GROSS	(FIIONES)	(DEVICES)	
		,		SALARI ES)			
	GENERAL SERVICE COST CENTERS	1.00	2. 00	4.00	5. 01	5. 02	
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	975, 045					1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		1, 404, 878				2.00
4. 00 5. 01	00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES	7, 716 657	0 8, 872	35, 290, 846 190, 044			4. 00 5. 01
5. 02	00550 DATA PROCESSING	0 0	0, 072	0	0	1, 066	5. 02
5. 03	00560 PURCHASING RECEIVING AND STORES	0	0	0	0	0	5. 03
5. 04 5. 05	00570 ADMITTING	3, 062	2, 430	411, 193	23	12	5. 04 5. 05
5. 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMI N AND GENERAL	17, 894	17, 387	1, 553, 827	-	64	5.06
7. 00	00700 OPERATION OF PLANT	338, 714	37, 801	22, 833	50	19	7. 00
8. 00	00800 LAUNDRY & LI NEN SERVI CE	5, 988	23, 010			4	8.00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	5, 313 10, 976	41, 109 46, 109			14	9. 00 10. 00
11. 00	01100 CAFETERI A	7, 832	3, 822			5	11.00
13.00	01300 NURSING ADMINISTRATION	2, 376	1, 036			0	13.00
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	5, 283 196	5, 981 0	699, 516 52, 454		58 3	16. 00 17. 00
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD	0	0	426, 234		0	21.00
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	579, 439	0	0	22. 00
23.00	02300 PARAMED ED PRGM	0	0	52, 315		0	23.00
23. 01	02341 OTHER MED ED     INPATIENT ROUTINE SERVICE COST CENTERS	720	310	84, 221	0	0	23. 01
30.00		188, 046	186, 522	6, 989, 616	190	182	30.00
31.00	03100   NTENSI VE CARE UNI T	22, 990	67, 038			24	31.00
35. 00 41. 00	02040   NTENSI VE NURSERY 04100   SUBPROVI DER -   RF	2, 880 19, 721	18, 955 7, 310			5 43	35. 00 41. 00
43. 00	04300 NURSERY	3, 927	1, 323			4	43.00
F0 00	ANCILLARY SERVICE COST CENTERS	10 705	0.40.070	0.000.404			
50. 00 50. 01	05000 OPERATI NG ROOM 05001 CARDI AC SURGERY	40, 735 1, 800	242, 879 24, 270			42 4	50. 00 50. 01
50. 02	05002 WVSC	30, 028	42, 269			0	50.02
51.00	05100 RECOVERY ROOM	1, 432	14, 077			7	51.00
51. 02 52. 00	05101 O/P TREATMENT ROOM 05200 DELIVERY ROOM & LABOR ROOM	21, 344 20, 805	22, 958 51, 483			0 5	51. 02 52. 00
54.00	05400 RADI OLOGY-DI AGNOSTI C	34, 660	140, 773			78	
55.00	05500 RADI OLOGY-THERAPEUTI C	26, 390	78, 036	126, 258	47	4	55.00
56. 00 57. 00	05600	1, 468	1, 330		0	0	56. 00 57. 00
58. 00		2, 172 2, 593	84 6, 830		5	4	1
59. 00	05900 CARDI AC CATHETERI ZATI ON	16, 694	11, 625			19	ı
60.00	06000 LABORATORY	0	0	0	_	2	
62. 00 65. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 06500 RESPIRATORY THERAPY	2, 134	0 31, 724	932, 984	0 15	0 7	62. 00 65. 00
66.00	06600 PHYSI CAL THERAPY	10, 150	6, 194			22	
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	_	0	
66. 02 67. 00	06602 0/P PHYSI CAL THERAPY 06700 OCCUPATI ONAL THERAPY	0 1, 658	7, 541 1, 626	0	2	8	66. 02 67. 00
68. 00	06800 SPEECH PATHOLOGY	3, 288	1, 619		2	1	68.00
69. 00	06900 ELECTROCARDI OLOGY	1, 305	27, 822			12	1
69. 01 70. 00	06901 CARDI AC REHAB 07000 ELECTROENCEPHALOGRAPHY	7, 200 1, 505	7, 028 8, 885			2	69. 01 70. 00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5, 712	17, 278			0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	1		0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12, 842	12, 680			16	
76. 00	03020 RENAL ACUTE OUTPATIENT SERVICE COST CENTERS	3, 525	129	0	6	0	76. 00
90.00	09000 CLI NI C	0	0	0	0	0	90.00
90.05	09005 PATIENT NUTRITION	1, 930	208			0	90.05
90. 07 91. 00	09007 WOUND CLINIC 09100 EMERGENCY	3, 899 24, 071	2, 745 82, 822		13 66	4 169	90. 07 91. 00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	24,071	02, 022	1, 470, 031	00	107	92.00
	SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)   NONREIMBURSABLE COST CENTERS	923, 631	1, 313, 930	32, 761, 375	1, 126	848	118.00
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	3	190. 00
194.00	07950 RURAL HEALTH	0	6, 646		1	62	194. 00
	07951 RENTAL PROPERTY 07954 FAMILY PRACTICE	0 37, 071	1, 503 53, 719				194. 01 194. 02
174. Uz	201754  AWILI FRACITOL	37,071	33, /19	1 520, 445	67	112	1174.02

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
				From 09/01/2014 To 12/31/2014		
	CAPI TAL REL	ATED COSTS				
Cost Center Description	NEW BLDG & FIXT (NEW TOTAL	NEW MVBLE EQUIP (NEW EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATI ENT TELEPHONES (PHONES)	DATA PROCESSI NG (DEVI CES)	
	SQ FT)	DEPRN)	(GROSS			
			SALARI ES)			
	1. 00	2.00	4. 00	5. 01	5. 02	
194. 03 07952 WELLNESS	11, 477	0	77, 89	6 0		194. 03
194. 04 07955 PHYSI CLAN PRACTI CES	0	27, 305	1, 295, 25	1 24	33	194. 04
194.06 07953 SYCAMORE SPORTS MED	0	1, 036	4, 11	3 0	0	194.06
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 866	739	102, 89	6 2	8	194. 07
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)	8, 338, 903	3, 804, 997	10, 986, 45	383, 270	3, 711, 928	202. 00
203.00 Unit cost multiplier (Wkst. B, Part I)	8. 552326	2. 708418	0. 31131	2 314. 155738	3, 482. 108818	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			65, 99	30, 003	0	204. 00
205.00 Unit cost multiplier (Wkst. B, Part			0. 00187	24. 592623	0. 000000	205. 00

	Financial Systems	UNION HOSPIT		00N 450000 D		u of Form CMS-2	
COST	ALLOCATION - STATISTICAL BASIS		Provi der		eriod: rom 09/01/2014 o 12/31/2014	Worksheet B-1 Date/Time Pre	
		1				5/27/2015 5: 2	7 pm
	Cost Center Description	PURCHASING RECEIVING AND	ADMITTING (INPATIENT	CASHI ERI NG/AC COUNTS	Reconciliatio n	OTHER ADMIN AND GENERAL	
		STORES	REVENUE)	RECEI VABLE		(ACCUM.	
		(REQUISITIO)		(TOTAL REVENUE)		COST)	
		5. 03	5. 04	5. 05	5A. 06	5. 06	
4 00	GENERAL SERVICE COST CENTERS						1 00
1. 00 2. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP						1. 00 2. 00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT						4. 00
5. 01 5. 02	00540 NONPATI ENT TELEPHONES 00550 DATA PROCESSI NG						5. 01 5. 02
5. 02	00560 PURCHASING RECEIVING AND STORES	1, 765, 151					5. 02
5. 04	00570 ADMI TTI NG	2, 062	164, 908, 077				5. 04
5. 05 5. 06	00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 00590 OTHER ADMIN AND GENERAL	0 155	0	399, 521, 471 0	-9, 109, 005	101, 415, 290	5. 05 5. 06
7. 00	00700 OPERATION OF PLANT	46	0	0	-9, 109, 005 0	5, 231, 469	1
8. 00	00800 LAUNDRY & LINEN SERVICE	2, 690	0	0	o	521, 970	8. 00
9. 00 10. 00	00900 HOUSEKEEPI NG 01000 DI ETARY	64, 868 119	0	0	0	2, 254, 265 1, 133, 719	
11. 00	01100 CAFETERI A	0	0	0	o	138, 687	
13.00	01300 NURSING ADMINISTRATION	0	0	0	o	1, 136, 505	
16. 00 17. 00	01600 MEDICAL RECORDS & LIBRARY 01700 SOCIAL SERVICE	250 0	0	0	0	1, 593, 238 87, 788	
21. 00	02100 I &R SERVICES-SALARY & FRINGES APPRVD		0	0	0	589, 104	1
22. 00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	o	1, 051, 898	22. 00
23. 00 23. 01	02300 PARAMED ED PRGM 02341 OTHER MED ED	0	0	0	0	79, 735 131, 678	
23.01	INPATIENT ROUTINE SERVICE COST CENTERS		<u> </u>	U	<u> </u>	131, 070	23.01
30.00	03000 ADULTS & PEDIATRICS	378, 600	28, 171, 657		0	12, 589, 529	
31. 00 35. 00	03100   NTENSI VE CARE UNI T 02040   NTENSI VE NURSERY	206, 920 32, 400	9, 793, 368 5, 199, 473		0	3, 550, 916 1, 186, 936	1
41.00	04100 SUBPROVI DER – I RF	15, 501	1, 213, 420		Ö	1, 073, 747	
43.00	04300 NURSERY	0	1, 685, 853	1, 685, 853	0	515, 361	43.00
50. 00	ANCILLARY SERVICE COST CENTERS  05000 OPERATING ROOM	67, 628	30, 614, 970	55, 010, 694	0	6, 181, 010	50.00
50. 01	05001 CARDI AC SURGERY	431, 223	4, 578, 498	4, 715, 753	o	1, 216, 747	50. 01
50. 02 51. 00	05002 WVSC 05100 RECOVERY ROOM	12, 184 39, 351	0 566, 399	34, 129, 185 1, 390, 839	0 0	4, 298, 805 852, 681	1
51. 02	1	41, 556	641, 897		ő	1, 400, 584	1
52. 00	05200 DELIVERY ROOM & LABOR ROOM	95, 376	4, 551, 468		o	1, 889, 407	
54. 00 55. 00	05400 RADI OLOGY-DI AGNOSTI C 05500 RADI OLOGY-THERAPEUTI C	19, 752 779	3, 900, 773 613, 793		0	4, 323, 732 2, 245, 763	1
56. 00	05600 RADI OI SOTOPE	1, 989	340, 796		ő	504, 699	
57.00	05700 CT SCAN	64, 090	6, 824, 551		0	1, 092, 505	1
58. 00 59. 00	05800 MAGNETIC RESONANCE IMAGING (MRI) 05900 CARDIAC CATHETERIZATION	1, 519 12, 755	1, 208, 241 9, 151, 399	5, 833, 787 32, 403, 953	0	772, 809 6, 767, 506	
	06000 LABORATORY	12, 733	11, 721, 071		o	3, 252, 029	1
	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	725, 305		0	562, 526	
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	42, 695 544	4, 726, 350 3, 454, 301	5, 122, 443 5, 129, 396	0 0	1, 759, 803 778, 418	
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0, 101, 001	0, 127, 070	Ö	0	66. 01
66. 02	06602 O/P PHYSICAL THERAPY	2, 144	0	2, 419, 052	o	1, 047, 093	
67. 00 68. 00	06700 OCCUPATI ONAL THERAPY 06800 SPEECH PATHOLOGY	0	0	223, 197	ol Ol	348, 630 148, 797	
69. 00	06900 ELECTROCARDI OLOGY	5, 288	2, 935, 212		Ö	938, 829	
69. 01	06901 CARDI AC REHAB	196	70, 042	482, 963	0	234, 967	
70. 00 71. 00	07000 ELECTROENCEPHALOGRAPHY 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	373 2, 053	838, 238 809, 502		ol Ol	591, 179 422, 460	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	ō	3, 651, 538	72.00
73.00		13, 972	22, 438, 573		0	11, 508, 830 474, 998	1
76.00	03020 RENAL ACUTE OUTPATIENT SERVICE COST CENTERS	7, 240	937, 915	1, 024, 674	U <sub>I</sub>	474, 998	76.00
90.00	09000 CLI NI C	0	0	0	0	0	
90. 05 90. 07	09005 PATIENT NUTRITION 09007 WOUND CLINIC	58 8, 233	0	90, 967 1, 705, 008	0	159, 393 515, 262	1
91.00	09100 EMERGENCY	176, 022	7, 195, 012		Ö	3, 785, 780	
92. 00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
118. 00	SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)	1, 750, 631	164, 908, 077	399, 521, 471	-9, 109, 005	94, 593, 325	] 118. 00
	NONREI MBURSABLE COST CENTERS	,,	,		, , , , , , ,		
	019000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 007950 RURAL HEALTH	0 3, 911	0	0	0	10, 446 1, 350, 909	1
	07951 RENTAL PROPERTY	0	0	0	0	105, 447	1
	207954 FAMILY PRACTICE	2, 311	0	0	o	1, 627, 819	
	8 07952 WELLNESS   07955 PHYSICIAN PRACTICES	0 8, 269	0	0	0	231, 181 2, 964, 980	
		, 5, 231		,		, , , , , , , ,	

Health Financial Systems	UNION HOSPIT	ΓAL, INC.		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
				From 09/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared: 7 pm
Cost Center Description	PURCHASI NG	ADMITTI NG		Reconciliatio	OTHER ADMIN	
	RECEIVING AND	(I NPATI ENT	COUNTS	n	AND GENERAL	
	STORES	REVENUE)	RECEI VABLE		(ACCUM.	
	(REQUISITIO)		(TOTAL		COST)	
	5.00		REVENUE)	54.07	- o.	
	5. 03	5. 04	5. 05	5A. 06	5. 06	
194.06 07953 SYCAMORE SPORTS MED	0	0	1	0 0	139, 405	
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	29	0	1	0	391, 778	
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201. 00
202.00 Cost to be allocated (per Wkst. B,	285, 632	832, 911	2, 218, 45	6	9, 109, 005	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	0. 161817	0. 005051	0. 00555	3	0. 089819	203. 00
204.00 Cost to be allocated (per Wkst. B,	o	36, 107		o	225, 953	204. 00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	0. 000000	0. 000219	0.00000	0	0. 002228	205. 00

	ALLOCATION STATISTICAL PAGES	UNI UN HUSPI		CCN 150000 D		U OF FORM CMS	
COST	ALLOCATION - STATISTICAL BASIS		Provi der		eriod: rom 09/01/2014 o 12/31/2014	Worksheet B-1 Date/Time Pre 5/27/2015 5:2	pared:
	Cost Center Description	OPERATION OF PLANT (NEW TOTAL SQ FT)	LAUNDRY & LI NEN SERVI CE (LI NEN)	HOUSEKEEPING (NEW TOTAL SQ FT)	DI ETARY (DI ETARY)	CAFETERI A (FTE)	
		7. 00	8.00	9. 00	10.00	11. 00	
4 00	GENERAL SERVICE COST CENTERS		1	T			4 00
1. 00 2. 00 4. 00 5. 01 5. 02 5. 03 5. 04 5. 05 5. 06 7. 00 8. 00 9. 00 11. 00 13. 00	00100 NEW CAP REL COSTS-BLDG & FIXT 00200 NEW CAP REL COSTS-MVBLE EQUIP 00400 EMPLOYEE BENEFITS DEPARTMENT 00540 NONPATIENT TELEPHONES 00550 DATA PROCESSING 00560 PURCHASING RECEIVING AND STORES 00570 ADMITTING 00580 CASHIERING/ACCOUNTS RECEIVABLE 00590 OTHER ADMIN AND GENERAL 00700 OPERATION OF PLANT 00800 LAUNDRY & LINEN SERVICE 00900 HOUSEKEEPING 01000 DIETARY 01100 CAFETERIA 01300 NURSING ADMINISTRATION	607, 002 5, 988 5, 313 10, 976 7, 832 2, 376	354, 285 869 0 0	595, 701 10, 976 7, 832 2, 376	68, 065 0 0	11, 617 206	13.00
16.00	01600 MEDI CAL RECORDS & LI BRARY 01700 SOCI AL SERVI CE	5, 283 196	1	-,		465 22	1
21. 00 22. 00 23. 00 23. 01	02100   &R SERVICES-SALARY & FRINGES APPRVD 02200   &R SERVICES-OTHER PRGM COSTS APPRVD	0 0 0 0 720	0 0	0 0 0	0 0 0	210 62 23 60	21. 00 22. 00 23. 00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30. 00 31. 00 35. 00 41. 00	03100 INTENSIVE CARE UNIT 02040 INTENSIVE NURSERY 04100 SUBPROVIDER - IRF	188, 046 22, 990 2, 880 19, 721	23, 632 2, 309 4, 986	22, 990 2, 880 19, 721	9, 016 0 3, 480	3, 368 944 302 232	31.00 35.00 41.00
43. 00		3, 927	0	3, 927	0	170	43.00
50. 00 50. 01	ANCILLARY SERVICE COST CENTERS  05000 OPERATING ROOM  05001 CARDIAC SURGERY	40, 735 1, 800				686 90	1
50. 02 51. 00	1	30, 028 1, 432	1			9 222	50. 02 51. 00
51.00	1 I	21, 344	1			389	
52.00	1	20, 805	1			457	1
54. 00 55. 00	1 1	34, 660 26, 390	1			666 60	1
56.00	1 1	1, 468	1			61	1
57.00	1 1	2, 172	l t	_,		126	1
58. 00 59. 00	05900 CARDI AC CATHETERI ZATI ON	2, 593 16, 694	3, 455	16, 694	288	64 98	59.00
60. 00 62. 00	06000   LABORATORY   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS	0			· · · · · · · · · · · · · · · · · · ·	0	
65. 00 66. 00	06500 RESPI RATORY THERAPY 06600 PHYSI CAL THERAPY	2, 134 10, 150				419 26	65. 00 66. 00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 06602 0/P PHYSI CAL THERAPY	0	-	0	0	0	
67. 00	1 1	1, 658	1		_	0	1
68. 00 69. 00		3, 288		3, 288		0	
69.00	06901 CARDI AC REHAB	1, 305 7, 200	1			256 41	1
70.00	07000 ELECTROENCEPHALOGRAPHY	1, 505	758	1, 505	0	73	70.00
71. 00 72. 00	1	5, 712	1	5, 712 0		0	
73. 00		12, 842	1	12, 842	· ·	424	1
76. 00	03020 RENAL ACUTE  OUTPATIENT SERVICE COST CENTERS	3, 525	1, 214	3, 525	0	0	76.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.05		1, 930	1	.,		48	
90. 07 91. 00	09007 WOUND CLINIC 09100 EMERGENCY	3, 899 24, 071	1		0	51 781	90.07
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1	- 1, 51.			92.00
118.00		555, 588	352, 265	544, 287	68, 065	11, 111	118. 00
190 00	NONREIMBURSABLE COST CENTERS D 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1 0	0	0	O	n	190.00
194.00	07950 RURAL HEALTH	0	315	0	0	0	194. 00
	1 07951 RENTAL PROPERTY 2 07954 FAMILY PRACTICE	37, 071	1	1	0		194. 01 194. 02
	3 07952 WELLNESS	11, 477					194. 02
	4 07955 PHYSICIAN PRACTICES 6 07953 SYCAMORE SPORTS MED	0	,		· · · · · · · · · · · · · · · · · · ·		194. 04 194. 06
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	1		<u>.                                    </u>	_	

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der	CCN: 150023	Peri od:	Worksheet B-1	
				From 09/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
Cost Center Description	OPERATION OF	LAUNDRY &	HOUSEKEEPI NO	G DI ETARY	CAFETERI A	
	PLANT	LINEN SERVICE	(NEW TOTAL	(DI ETARY)	(FTE)	
	(NEW TOTAL	(LI NEN)	SQ FT)			
	SQ FT)					
	7. 00	8. 00	9. 00	10.00	11. 00	
194. 07 07956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	2, 866	0	2, 80	56 0	45	194. 07
200.00 Cross Foot Adjustments						200. 00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B,	5, 701, 354	625, 096	2, 508, 17	1, 384, 857	257, 683	202. 00
Part I)						
203.00 Unit cost multiplier (Wkst. B, Part I)	9. 392645	1. 764387	4. 21046	20. 346096	22. 181544	203. 00
204.00 Cost to be allocated (per Wkst. B,	3, 020, 101	145, 121	191, 40	289, 398	119, 441	204.00
Part II)						
205.00 Unit cost multiplier (Wkst. B, Part	4. 975438	0. 409617	0. 3214°	4. 251789	9. 968753	205. 00
	•		•	·		•

Health Financial Systems UNI ON HOSPI TAL, INC. In Lieu of Form CMS-2552-10 Provi der CCN: 150023 COST ALLOCATION - STATISTICAL BASIS Peri od: Worksheet B-1 From 09/01/2014 12/31/2014 Date/Time Prepared: 5/27/2015 5: 27 pm INTERNS & RESIDENTS NURSI NG MEDI CAL SOCI AL SERVI CES-SALA SERVI CES-OTHE Cost Center Description R PRGM COSTS ADMI NI STRATI O RECORDS & SERVI CF RY & FRINGES LIBRARY (INTERNS) N (# (INTERNS) (TIME (TOTAL REFERRALS) SPENT) REVENUE) 13. 00 16.00 17.00 21.00 22.00 GENERAL SERVICE COST CENTERS 1.00 00100 NEW CAP REL COSTS-BLDG & FIXT 1 00 00200 NEW CAP REL COSTS-MVBLE EQUIP 2.00 2.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 4.00 00540 NONPATIENT TELEPHONES 5.01 5.01 5.02 00550 DATA PROCESSING 5.02 5.03 00560 PURCHASING RECEIVING AND STORES 5.03 00570 ADMITTING 5 04 5 04 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5.05 5.05 5.06 00590 OTHER ADMIN AND GENERAL 5.06 7.00 00700 OPERATION OF PLANT 7.00 00800 LAUNDRY & LINEN SERVICE 8 00 8 00 00900 HOUSEKEEPI NG 9.00 9.00 01000 DI ETARY 10.00 10.00 01100 CAFETERI A 11.00 11.00 01300 NURSING ADMINISTRATION 13 00 8 120 13 00 16.00 01600 MEDICAL RECORDS & LIBRARY 399, 521, 471 16.00 0 17.00 01700 SOCIAL SERVICE 22 451 17.00 02100 | &R SERVICES-SALARY & FRINGES APPRVD 21 00 0 Ω 0 10 000 21.00 22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 0 C 0 10,000 22.00

Health Financial Systems	UNI ON HOSPI TAL,	INC.	In Lieu	u of Form CMS-2552-10
COST ALLOCATION - STATISTICAL BASIS		Provi der CCN: 150023	From 09/01/2014	Worksheet B-1  Date/Time Prepared: 5/27/2015 5:27 pm

						5/27/2015 5: 2	7 pm 7
					INTERNS &	RESI DENTS	
	Cost Center Description	NURSI NG	MEDI CAL	SOCI AL	SERVI CES-SALA	SERVI CES-OTHE	
		ADMI NI STRATI O	RECORDS &	SERVI CE	RY & FRINGES	R PRGM COSTS	
		N	LI BRARY	(#	(INTERNS)	(INTERNS)	
		(TIME	(TOTAL	REFERRALS)			
		SPENT)	REVENUE)				
		13. 00	16. 00	17. 00	21.00	22. 00	
194. 03 07952	WELLNESS	0	0	0	0	0	194. 03
194. 04 07955	PHYSICIAN PRACTICES	0	0	0	0	0	194. 04
194. 06 07953	SYCAMORE SPORTS MED	2	0	0	0	0	194.06
194. 07 07956	PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	0	0	194. 07
200. 00	Cross Foot Adjustments						200. 00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B,	1, 275, 475	1, 818, 520	102, 283	646, 675	1, 147, 753	202.00
	Part I)						
203. 00	Unit cost multiplier (Wkst. B, Part I)	157. 078202	0. 004552	226. 791574	64. 667500	114. 775300	203.00
204. 00	Cost to be allocated (per Wkst. B,	42, 662	102, 177	3, 441	4, 203	4, 046	204.00
	Part II)						
205. 00	Unit cost multiplier (Wkst. B, Part	5. 253941	0. 000256	7. 629712	0. 420300	0. 404600	205.00
	[11]						

Health Financial Systems UNION HOSPITAL, INC. In Lieu of Form CMS-2552-10

COST ALLOCATION - STATISTICAL BASIS Provi der CCN: 150023 Peri od: Worksheet B-1 From 09/01/2014 12/31/2014 Date/Time Prepared: 5/27/2015 5: 27 pm Cost Center Description PARAMED ED OTHER MED ED (ASSI GNED PRGM (PARAMED TIME) RADI OLOGY) 23. 01 23.00 GENERAL SERVICE COST CENTERS 00100 NEW CAP REL COSTS-BLDG & FIXT 1.00 1.00 2 00 00200 NEW CAP REL COSTS-MVBLE EQUIP 2 00 4.00 00400 EMPLOYEE BENEFITS DEPARTMENT 4.00 00540 NONPATIENT TELEPHONES 5.01 5.01 5.02 00550 DATA PROCESSING 5.02 00560 PURCHASING RECEIVING AND STORES 5.03 5 03 5.04 00570 ADMITTING 5.04 5.05 00580 CASHI ERI NG/ACCOUNTS RECEI VABLE 5 05 00590 OTHER ADMIN AND GENERAL 5.06 5.06 00700 OPERATION OF PLANT 7 00 7.00 8.00 00800 LAUNDRY & LINEN SERVICE 8.00 9.00 00900 HOUSEKEEPI NG 9.00 01000 DI ETARY 10.00 10.00 11.00 01100 CAFETERI A 11.00 13.00 01300 NURSING ADMINISTRATION 13.00 16.00 01600 MEDICAL RECORDS & LIBRARY 16.00 01700 SOCIAL SERVICE 17 00 17 00 21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD 21.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD 22.00 22.00 02300 PARAMED ED PRGM 23.00 23.00 100 02341 OTHER MED ED 23.01 0 100 23.01 INPATIENT ROUTINE SERVICE COST CENTERS 03000 ADULTS & PEDIATRICS 0 30.00 03100 INTENSIVE CARE UNIT 0 31.00 0 31 00 02040 INTENSIVE NURSERY 0 35.00 0 35.00 41.00 04100 SUBPROVI DER - I RF 0 41.00 0 43.00 04300 NURSERY 0 0 43.00 ANCILLARY SERVICE COST CENTERS 50. 00 | 05000 OPERATING ROOM 0 0 50.00 05001 CARDI AC SURGERY 50.01 0 0 0 50.01 05002 WVSC 50 02 0 50 02 05100 RECOVERY ROOM 51.00 0 51.00 51.02 05101 0/P TREATMENT ROOM 0 0 51.02 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 0 52.00 54 00 05400 RADI OLOGY-DI AGNOSTI C 100 0 54 00 05500 RADI OLOGY-THERAPEUTI C 0 55.00 0 55.00 56.00 05600 RADI OI SOTOPE 56.00 57.00 05700 CT SCAN 000000000000000000 0 57.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58 00 58 00 59.00 05900 CARDI AC CATHETERI ZATI ON 0 59.00 60.00 06000 LABORATORY 0 60.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 62.00 62.00 06500 RESPIRATORY THERAPY 65.00 0 65.00 66.00 06600 PHYSI CAL THERAPY 0 66.00 66.01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 66.01 06602 0/P PHYSICAL THERAPY 0 66.02 66.02 06700 OCCUPATI ONAL THERAPY 67.00 0 67 00 68.00 06800 SPEECH PATHOLOGY 68.00 06900 ELECTROCARDI OLOGY 69.00 0 69.00 06901 CARDI AC REHAB 69.01 0 69.01 70.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 71 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 71.00 07200 IMPL. DEV. CHARGED TO PATIENTS 72.00 72.00 0 07300 DRUGS CHARGED TO PATIENTS 73.00 100 73.00 03020 RENAL ACUTE 76.00 76.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90.00 09005 PATIENT NUTRITION 90.05 0 0 90.05 90.07 09007 WOUND CLINIC 0 0 90.07 91.00 09100 EMERGENCY 0 0 91.00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 92.00 SPECIAL PURPOSE COST CENTERS SUBTOTALS (SUM OF LINES 1-117)
NONREI MBURSABLE COST CENTERS 118.00 100 100 118.00 190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN 190.00 0 Ω 194.00 07950 RURAL HEALTH 0 0 194.00 194. 01 07951 RENTAL PROPERTY 0 0 0 194.01 194. 02 07954 FAMILY PRACTICE 0 194. 02 194. 03 07952 WELLNESS 0 194.03 194. 04 07955 PHYSICIAN PRACTICES 0 194.04 0

194.06

194.06 07953 SYCAMORE SPORTS MED

Heal th Fi	nancial Systems	UNION HOSPI	TAL, INC.		In Lie	u of Form CMS-:	2552-10
COST ALLO	OCATION - STATISTICAL BASIS		Provi der	CCN: 150023	Peri od:	Worksheet B-1	
					From 09/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	epared: 27 pm
	Cost Center Description	PARAMED ED	OTHER MED ED				
		PRGM	(ASSI GNED				
		(PARAMED	TIME)				
		RADI OLOGY)					
		23. 00	23. 01				
194. 07 07	956 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0				194.07
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)	87, 407	164, 056				202.00
203. 00	Unit cost multiplier (Wkst. B, Part I)	874. 070000	1, 640. 560000				203.00
204. 00	Cost to be allocated (per Wkst. B, Part II)	505	12, 174				204.00
205. 00	Unit cost multiplier (Wkst. B, Part	5. 050000	121. 740000				205. 00

Health Financial Systems

COMPUTATION OF RATIO OF COSTS TO CHARGES UNION HOSPITAL, INC. Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 pm Peri od: From 09/01/2014 To 12/31/2014 Title XVIII Hospi tal PPS Costs Total Cost (from Wkst. RCE Di sal I owa Therapy Limit Cost Center Description Total Costs Total Costs

		(from Wkst.	Adj .		Di sal I owance		
		B, Part I,					
		col. 26)					
		1. 00	2. 00	3. 00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS	<u> </u>	•		<u> </u>		
30.00	03000 ADULTS & PEDI ATRI CS	18, 267, 459		18, 267, 459	12, 198	18, 279, 657	30.00
31. 00	03100 INTENSIVE CARE UNIT	4, 631, 960		4, 631, 960	, 0	4, 631, 960	•
35. 00	02040 I NTENSI VE NURSERY	1, 420, 498		1, 420, 498	ام	1, 420, 498	
41. 00	04100 SUBPROVI DER – I RF	1, 565, 396		1, 565, 396	0	1, 565, 396	
43. 00	04300 NURSERY	662, 515		662, 515		662, 515	
43.00	ANCILLARY SERVICE COST CENTERS	002, 313		002, 313	<u> </u>	002, 313	43.00
50.00	05000 OPERATI NG ROOM	7, 702, 909		7, 702, 909	0	7, 702, 909	50.00
50. 00	05001 CARDI AC SURGERY	1, 383, 437		1, 383, 437		1, 383, 437	50.00
50. 01	05001 CARDI AC 30KGEKT				0	5, 301, 474	•
		5, 301, 474		5, 301, 474	U <sub>1</sub>		50.02
51.00	05100 RECOVERY ROOM	1, 020, 340		1, 020, 340	U <sub>1</sub>	1, 020, 340	1
51. 02	05101 O/P TREATMENT ROOM	2, 031, 578		2, 031, 578	0	2, 031, 578	1
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 481, 021		2, 481, 021	0	2, 481, 021	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	5, 404, 070		5, 404, 070	2, 062	5, 406, 132	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	2, 882, 632		2, 882, 632	0	2, 882, 632	
56.00	05600 RADI OI SOTOPE	590, 789		590, 789	0	590, 789	1
57. 00	05700  CT SCAN	1, 339, 073		1, 339, 073	0	1, 339, 073	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926, 075		926, 075	0	926, 075	
59.00	05900 CARDI AC CATHETERI ZATI ON	7, 770, 590		7, 770, 590	0	7, 770, 590	59.00
60.00	06000 LABORATORY	3, 657, 399		3, 657, 399	36, 821	3, 694, 220	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	617, 065		617, 065	0	617, 065	62.00
65.00	06500 RESPI RATORY THERAPY	2, 045, 323	0	2, 045, 323	0	2, 045, 323	65.00
66.00	06600 PHYSI CAL THERAPY	1, 019, 510	0	1, 019, 510	o	1, 019, 510	66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	0	o	0	66. 01
66. 02	06602 0/P PHYSI CAL THERAPY	1, 165, 466	0	1, 165, 466	o	1, 165, 466	66. 02
67.00	06700 OCCUPATI ONAL THERAPY	402, 498	o	402, 498	ol	402, 498	67.00
68. 00	06800 SPEECH PATHOLOGY	207, 905	0	207, 905	ol	207, 905	
69. 00	06900 ELECTROCARDI OLOGY	1, 075, 517	-	1, 075, 517	ام	1, 075, 517	1
69. 01	06901 CARDI AC REHAB	357, 548		357, 548	0	357, 548	
	07000 ELECTROENCEPHALOGRAPHY	678, 884		678, 884		678, 884	
	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	542, 016		542, 016	Ö	542, 016	•
	07200 IMPL. DEV. CHARGED TO PATIENTS	3, 979, 515		3, 979, 515	ő	3, 979, 515	
	07300 DRUGS CHARGED TO PATIENTS	13, 169, 995		13, 169, 995	0	13, 169, 995	•
	03020 RENAL ACUTE	572, 419		572, 419	0	572, 419	76.00
76.00	OUTPATIENT SERVICE COST CENTERS	372, 419		372, 419	υĮ	372, 419	76.00
90. 00	09000 CLINIC			0	ما	0	90.00
		200,003		-	3, 937	-	
	09005 PATIENT NUTRITION	208, 983		208, 983		212, 920	1
	09007 WOUND CLINIC	638, 046		638, 046	0	638, 046	
91.00	09100 EMERGENCY	4, 860, 765		4, 860, 765	O	4, 860, 765	
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 580, 277	_	2, 580, 277		2, 580, 277	
200.00		103, 160, 947	0	103, 160, 947	55, 018	103, 215, 965	1
201.00		2, 580, 277		2, 580, 277		2, 580, 277	
202.00	Total (see instructions)	100, 580, 670	0	100, 580, 670	55, 018	100, 635, 688	202. 00

						5/27/2015 5: 2	27 pm
				e XVIII Hospi tal		PPS	
			Charges				
	Cost Center Description	Inpati ent	Outpati ent	Total (col.	Cost or Other	TEFRA	
			·	+ col. 7)	Rati o	I npati ent	
				,		Rati o	
		6. 00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS	'		•	<u>'</u>		
30.00	03000 ADULTS & PEDIATRICS	27, 020, 264		27, 020, 26	4		30.00
31. 00	03100 INTENSIVE CARE UNIT	9, 793, 368		9, 793, 36			31.00
35. 00	02040 I NTENSI VE NURSERY	5, 199, 473		5, 199, 47			35. 00
41. 00	04100 SUBPROVI DER – I RF	1, 213, 420		1, 213, 42			41.00
43. 00		1, 685, 853		1, 685, 85			43. 00
43.00	ANCILLARY SERVICE COST CENTERS	1,000,000		1,000,00	<u> </u>		45.00
50. 00	05000 OPERATING ROOM	26, 668, 654	21, 736, 279	48, 404, 93	3 0. 159135	0. 000000	50.00
50. 00	05000 OPERATING ROOM 05001 CARDI AC SURGERY						
	05001 CARDI AC SURGERY	3, 477, 031	26, 500				1
50.02		1, 855	33, 401, 476			0.000000	1
51.00	I I	566, 399	824, 440				1
51. 02	05101 O/P TREATMENT ROOM	91, 490	1, 294, 110			0. 000000	
52.00	05200 DELIVERY ROOM & LABOR ROOM	4, 401, 771	875, 011			0. 000000	1
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 103, 393	12, 553, 100			0. 000000	
55.00	05500 RADI OLOGY-THERAPEUTI C	613, 793	13, 214, 995			0. 000000	1
56.00	05600 RADI OI SOTOPE	340, 796	2, 992, 488			0. 000000	
57.00	05700 CT SCAN	6, 824, 551	18, 680, 600	25, 505, 15	1 0. 052502	0. 000000	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 208, 241	4, 625, 546	5, 833, 78	7 0. 158743	0.000000	58.00
59.00	05900 CARDI AC CATHETERI ZATI ON	8, 190, 576	21, 023, 541	29, 214, 11	7 0. 265988	0.000000	59.00
60.00	06000 LABORATORY	11, 721, 071	13, 163, 712	24, 884, 78	0. 146973	0.000000	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	725, 305	156, 338	881, 64	0. 699903	0. 000000	62.00
65.00	06500 RESPIRATORY THERAPY	4, 726, 350	396, 093	5, 122, 44	0. 399287	0. 000000	65.00
66.00	06600 PHYSI CAL THERAPY	1, 872, 678	1, 280, 133	3, 152, 81	0. 323365	0. 000000	66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	l ol	0		0. 000000	0. 000000	66. 01
66. 02	06602 0/P PHYSICAL THERAPY	0	1, 970, 687	1, 970, 68		0. 000000	
67. 00	06700 OCCUPATI ONAL THERAPY	1, 231, 901	820, 559			0. 000000	
68. 00	06800 SPEECH PATHOLOGY	348, 488	247, 200			0. 000000	1
69. 00	06900 ELECTROCARDI OLOGY	2, 863, 116	2, 392, 165			0. 000000	1
69. 01	06901 CARDI AC REHAB	70, 042	412, 921			0. 000000	1
70. 00	07000 ELECTROENCEPHALOGRAPHY	322, 292	1, 121, 407				1
71.00	I I	809, 502	49, 522			0. 000000	1
71.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2, 923, 052	3, 478, 166			0.000000	1
73. 00						0. 000000	
		22, 438, 573	30, 618, 995				1
76. 00		937, 915	86, 759	1, 024, 67	4 0. 558635	0. 000000	76. 00
	OUTPATIENT SERVICE COST CENTERS				0 000000		
90.00		0	0		0. 000000		
90. 05	09005 PATIENT NUTRITION	0	90, 967				1
90. 07	09007 WOUND CLINIC	5, 000	1, 675, 138				
91.00		7, 195, 012	27, 950, 454			0. 000000	
92.00		550, 407	7, 071, 293			0. 000000	
200.0		159, 141, 632	224, 230, 595	383, 372, 22	7		200.00
201.0							201.00
202.0	Total (see instructions)	159, 141, 632	224, 230, 595	383, 372, 22	7		202.00

Health Financial Systems	UNION HOSPITAL,	INC.	In Lieu	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	From 09/01/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 pm

				5/27/2015 5: 27 pm
		Title XVIII	Hospi tal	PPS
Cost Center Description	PPS Inpatient			
	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00   03000   ADULTS & PEDI ATRI CS				30.00
31.00   03100   INTENSIVE CARE UNIT				31.00
35.00   02040   I NTENSI VE NURSERY				35.00
41. 00   04100   SUBPROVI DER - I RF				41.00
43. 00   04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50.00   05000   OPERATING ROOM	0. 159135			50.00
50. 01  05001  CARDI AC SURGERY	0. 394869			50. 01
50. 02  05002 WVSC	0. 158711			50. 02
51.00   05100   RECOVERY ROOM	0. 733615			51.00
51.02   05101   0/P TREATMENT ROOM	1. 466208			51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0. 470177			52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0. 345296			54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0. 208452			55.00
56. 00   05600   RADI 01 SOTOPE	0. 177239			56.00
57.00   05700   CT   SCAN	0. 052502			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0. 158743			58.00
59. 00   05900   CARDI AC   CATHETERI ZATI ON	0. 265988			59.00
60. 00   06000   LABORATORY	0. 148453			60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 699903			62.00
65. 00 06500 RESPIRATORY THERAPY	0. 399287			65.00
66. 00 06600 PHYSI CAL THERAPY	0. 323365			66.00
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	0. 000000			66. 01
66. 02   06602   0/P PHYSI CAL THERAPY	0. 591401			66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	0. 196105			67. 00
68.00 06800 SPEECH PATHOLOGY	0. 349017			68.00
69. 00 06900 ELECTROCARDI OLOGY	0. 204655			69.00
69. 01   06901   CARDI AC   REHAB	0. 740322			69. 01
70. 00   07000   ELECTROENCEPHALOGRAPHY	0. 470239			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0. 630967			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0. 621681			72.00
73.00 O7300 DRUGS CHARGED TO PATIENTS	0. 248221			73.00
76. 00 03020 RENAL ACUTE	0. 558635			76.00
OUTPATIENT SERVICE COST CENTERS				
90. 00  09000  CLI NI C	0. 000000			90.00
90. 05   09005   PATI ENT NUTRI TI ON	2. 340629			90. 05
90. 07   09007   WOUND CLINIC	0. 379758			90. 07
91. 00  09100   EMERGENCY	0. 138304			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 338544			92.00
200.00 Subtotal (see instructions)				200. 00
201.00 Less Observation Beds				201. 00
202.00   Total (see instructions)				202.00

				10 12/31/2014 Date/IIMe Prepared: 5/27/2015 5:27 pm			
			Ti t	le XIX			
					Costs		
	Cost Center Description	Total Cost	Therapy Limit	Total Costs	RCE	Total Costs	
		(from Wkst.	Adj .		Di sal I owance		
		B, Part I,					
		col. 26)					
		1. 00	2. 00	3.00	4. 00	5. 00	
	INPATIENT ROUTINE SERVICE COST CENTERS		<u> </u>	•			
30.00	03000 ADULTS & PEDIATRICS	18, 267, 459		18, 267, 459	12, 198	18, 279, 657	30. 00
31.00	03100 INTENSIVE CARE UNIT	4, 631, 960		4, 631, 960		4, 631, 960	31.00
35.00	02040 I NTENSI VE NURSERY	1, 420, 498		1, 420, 498	sl ol	1, 420, 498	35. 00
41.00	04100 SUBPROVI DER - I RF	1, 565, 396		1, 565, 396	ol	1, 565, 396	41.00
43.00	04300 NURSERY	662, 515		662, 515		662, 515	43.00
	ANCILLARY SERVICE COST CENTERS		·		'	, , , , , , , , , , , , , , , , , , , ,	
50.00	05000 OPERATING ROOM	7, 702, 909		7, 702, 909	0	7, 702, 909	50.00
50. 01	05001 CARDI AC SURGERY	1, 383, 437		1, 383, 437	ol	1, 383, 437	50. 01
50.02	05002 WVSC	5, 301, 474		5, 301, 474		5, 301, 474	50. 02
51.00	05100 RECOVERY ROOM	1, 020, 340		1, 020, 340		1, 020, 340	51.00
51.02	05101 O/P TREATMENT ROOM	2, 031, 578		2, 031, 578		2, 031, 578	51. 02
52.00	05200 DELIVERY ROOM & LABOR ROOM	2, 481, 021		2, 481, 021		2, 481, 021	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	5, 404, 070		5, 404, 070		5, 406, 132	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	2, 882, 632		2, 882, 632		2, 882, 632	55.00
56.00	05600 RADI 0I SOTOPE	590, 789		590, 789		590, 789	56.00
57.00	05700 CT SCAN	1, 339, 073		1, 339, 073		1, 339, 073	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	926, 075		926, 075		926, 075	58. 00
59.00	05900 CARDI AC CATHETERI ZATI ON	7, 770, 590		7, 770, 590		7, 770, 590	
60.00	06000 LABORATORY	3, 657, 399		3, 657, 399		3, 694, 220	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	617, 065		617, 065		617, 065	62.00
65.00	06500 RESPIRATORY THERAPY	2, 045, 323				2, 045, 323	65.00
66.00	06600 PHYSI CAL THERAPY	1, 019, 510				1, 019, 510	66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		ol	0	66. 01
66. 02	06602 O/P PHYSI CAL THERAPY	1, 165, 466	0	1, 165, 466	ol	1, 165, 466	66. 02
67.00	06700 OCCUPATI ONAL THERAPY	402, 498	0	402, 498		402, 498	67. 00
68. 00	06800 SPEECH PATHOLOGY	207, 905		207, 905		207, 905	68. 00
69.00	06900 ELECTROCARDI OLOGY	1, 075, 517		1, 075, 517	ol	1, 075, 517	69. 00
69. 01	06901 CARDI AC REHAB	357, 548		357, 548		357, 548	
70.00	07000 ELECTROENCEPHALOGRAPHY	678, 884		678, 884		678, 884	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	542, 016		542, 016		542, 016	71. 00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3, 979, 515		3, 979, 515		3, 979, 515	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	13, 169, 995		13, 169, 995		13, 169, 995	73. 00
76.00	03020 RENAL ACUTE	572, 419		572, 419		572, 419	76.00
	OUTPATIENT SERVICE COST CENTERS				'	,	
90.00	09000 CLI NI C	0		C	0	0	90.00
90.05	09005 PATIENT NUTRITION	208, 983		208, 983	3, 937	212, 920	90.05
90. 07	09007 WOUND CLINIC	638, 046	ł .	638, 046		638, 046	90. 07
91.00	09100 EMERGENCY	4, 860, 765		4, 860, 765	o	4, 860, 765	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2, 580, 277		2, 580, 277		2, 580, 277	
200.00		103, 160, 947	0			103, 215, 965	
201.00	Less Observation Beds	2, 580, 277		2, 580, 277	·	2, 580, 277	201. 00
202.00	Total (see instructions)	100, 580, 670	0	100, 580, 670	55, 018	100, 635, 688	202.00
		•	•	•	•		

						5/27/2015 5: 2	7 pm
			Ti t	le XIX	Hospi tal	Cost	
			Charges				
	Cost Center Description	Inpatient	Outpati ent	Total (col.	6 Cost or Other	TEFRA	
				+ col. 7)	Rati o	I npati ent	
						Ratio	
		6. 00	7. 00	8. 00	9. 00	10.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00		27, 020, 264		27, 020, 20	04		30.00
31.00		9, 793, 368		9, 793, 30	8		31.00
35.00		5, 199, 473		5, 199, 4			35.00
41.00		1, 213, 420		1, 213, 42			41.00
43.00		1, 685, 853		1, 685, 85	3		43.00
	ANCILLARY SERVICE COST CENTERS						
50.00		26, 668, 654	21, 736, 279				
50. 01		3, 477, 031	26, 500				
50. 02		1, 855	33, 401, 476			0.000000	
51.00		566, 399	824, 440				
51. 02		91, 490	1, 294, 110				
52.00		4, 401, 771	875, 011		0. 470177		
54.00	05400 RADI OLOGY-DI AGNOSTI C	3, 103, 393	12, 553, 100			0. 000000	54.00
55.00		613, 793	13, 214, 995	13, 828, 78	0. 208452	0. 000000	55.00
56.00		340, 796	2, 992, 488	3, 333, 28			
57.00		6, 824, 551	18, 680, 600				57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1, 208, 241	4, 625, 546	5, 833, 78	0. 158743	0. 000000	58.00
59.00		8, 190, 576	21, 023, 541				
60.00		11, 721, 071	13, 163, 712				
62.00		725, 305	156, 338				
65.00		4, 726, 350	396, 093	5, 122, 4			
66.00		1, 872, 678	1, 280, 133	3, 152, 8°			
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0		0. 000000		
66. 02		0	1, 970, 687			0.000000	
67.00		1, 231, 901	820, 559	2, 052, 46			67.00
68.00		348, 488	247, 200				
69. 00		2, 863, 116	2, 392, 165				
69. 01	06901 CARDI AC REHAB	70, 042	412, 921				
70.00		322, 292	1, 121, 407				
71. 00		809, 502	49, 522	859, 02			
72.00		2, 923, 052	3, 478, 166			0.000000	
73.00		22, 438, 573	30, 618, 995			0.000000	
76.00		937, 915	86, 759	1, 024, 6	0. 558635	0.000000	76. 00
	OUTPATIENT SERVICE COST CENTERS						
90. 00		0	0		0. 000000		
90. 05	09005 PATIENT NUTRITION	0	90, 967				
90. 07		5, 000	1, 675, 138				
91.00		7, 195, 012	27, 950, 454				
92.00		550, 407	7, 071, 293			0.000000	
200.00		159, 141, 632	224, 230, 595	383, 372, 22	27		200. 00
201.00							201. 00
202.00	0 Total (see instructions)	159, 141, 632	224, 230, 595	383, 372, 22	27		202.00

Health Financial Systems	UNION HOSPITAL,	INC.	In Lieu	u of Form CMS-2552-10
COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150023	From 09/01/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:27 pm

			10 12/31/2014	5/27/2015 5: 27 pm
		Title XIX	Hospi tal	Cost
Cost Center Description	PPS Inpatient			
· ·	Ratio			
	11. 00			
INPATIENT ROUTINE SERVICE COST CENTERS				
30. 00 03000 ADULTS & PEDI ATRI CS				30.00
31.00 03100 INTENSIVE CARE UNIT				31.00
35. 00 02040 I NTENSI VE NURSERY				35.00
41. 00   04100   SUBPROVI DER -   RF				41.00
43. 00   04300   NURSERY				43.00
ANCILLARY SERVICE COST CENTERS				
50. 00 05000 OPERATI NG ROOM	0. 000000			50.00
50. 01   05001   CARDI AC   SURGERY	0. 000000			50. 01
50. 02   05002   WVSC	0. 000000			50.02
51. 00   05100   RECOVERY   ROOM	0. 000000			51.00
51. 02   05101   0/P   TREATMENT   ROOM	0. 000000			51.02
52. 00 05200 DELIVERY ROOM & LABOR ROOM	0. 000000			52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	0. 000000			54.00
55. 00 05500 RADI OLOGY-THERAPEUTI C	0. 000000			55. 00
56. 00   05600 RADI 0I SOTOPE	0. 000000			56.00
57. 00   05700 CT   SCAN	0. 000000			57.00
58. 00   05800   MAGNETIC RESONANCE   MAGING (MRI)	0. 000000			58.00
59. 00   05900 CARDI AC CATHETERI ZATI ON	0. 000000			59.00
60. 00   06000   LABORATORY	0. 000000			60.00
62.00   06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0. 000000			62.00
65. 00 06500 RESPIRATORY THERAPY	0. 000000			65. 00
66. 00   06600   PHYSI CAL THERAPY	0. 000000			66.00
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0. 000000			66. 01
66. 02   06602   0/P PHYSI CAL THERAPY	0. 000000			66. 02
	0. 000000			
	0. 000000			67.00
69. 00 06900 ELECTROCARDI OLOGY	0.000000			69.00
69. 01   06901   CARDI AC   REHAB	0.000000			69. 01
70. 00 07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72. 00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000			72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
76. 00 03020 RENAL ACUTE	0. 000000			76. 00
OUTPATIENT SERVICE COST CENTERS	0.000000			00.00
90. 00   09000   CLINIC	0.000000			90.00
90. 05   09005   PATI ENT NUTRI TI ON	0.000000			90.05
90. 07   09007   WOUND CLINIC	0.000000			90.07
91. 00 09100 EMERGENCY	0.000000			91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0. 000000			92.00
200.00 Subtotal (see instructions)				200.00
201.00 Less Observation Beds				201.00
202.00 Total (see instructions)				202. 00

Health Financial Systems	UNI ON HOSPI	HOSPITAL, INC. In Lieu of Form CMS				2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL	COSTS	Provi der		Peri od:	Worksheet D	
				From 09/01/2014 To 12/31/2014	Part I Date/Time Pre	nared:
				10 12/31/2014	5/27/2015 5: 2	7 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Capi tal	Swing Bed	Reduced	Total Patient	Per Diem	
	Related Cost	Adjustment	Capi tal	Days	(col. 3 /	
	(from Wkst.		Related Cost		col. 4)	
	B, Part II,		(col. 1 -			
	col. 26)		col . 2)			
	1. 00	2. 00	3. 00	4. 00	5. 00	
INPATIENT ROUTINE SERVICE COST CENTERS				1		
30. 00 ADULTS & PEDIATRICS	3, 523, 514		0,020,0.			30.00
31. 00   I NTENSI VE CARE UNI T	607, 229		607, 22		188. 58	
35. 00   I NTENSI VE NURSERY	104, 936		104, 93			
41. 00 SUBPROVI DER – I RF	322, 392		322, 39			41.00
43. 00 NURSERY	64, 664		64, 66		55. 99	43.00
200.00 Total (lines 30-199)	4, 622, 735		4, 622, 73	5 25, 538		200.00
Cost Center Description	Inpatient	I npati ent				
	Program days	Program				
		Capital Cost				
		(col. 5 x				
		col . 6)				
INDATIONE DOUTING CODYLOG COCT CONTEDC	6. 00	7. 00				
INPATIENT ROUTINE SERVICE COST CENTERS	0.200	1 5/5 040				20.00
30.00 ADULTS & PEDIATRICS 31.00 INTENSIVE CARE UNIT	8, 208					30.00
	1, 927					31. 00 35. 00
35. 00   INTENSIVE NURSERY 41. 00   SUBPROVIDER - IRF	0 767	100 027				41.00
43.00 NURSERY	-	198, 937 0	•			43.00
43.00   NURSERY 200.00  Total (lines 30-199)	10, 902	_				
200.00 10tal (111165 30-199)	10, 902	2, 127, 679	I			200. 00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITA	AL COSTS		CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	5/27/2015 5: 2	
		e XVIII	Hospi tal	PPS		
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col . 2)			
	col. 26)					
	1. 00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS			,			
50. 00 05000 OPERATING ROOM	1, 581, 516				72, 795	50.00
50. 01   05001   CARDI AC SURGERY	112, 140				0	50. 01
50. 02   05002   WVSC	706, 500				8	50.02
51.00   05100   RECOVERY ROOM	71, 565	1, 390, 839			17, 519	51.00
51.02   05101   0/P TREATMENT ROOM	397, 395	1, 385, 600	0. 28680	236	68	51.02
52.00   05200   DELIVERY ROOM & LABOR ROOM	467, 628	5, 276, 782	0. 08862	20 27, 745	2, 459	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	1, 153, 531	15, 656, 493	0.07367	77 1, 739, 541	128, 164	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	913, 051	13, 828, 788	0. 06602	25 303, 963	20, 069	55.00
56. 00   05600   RADI 0I SOTOPE	28, 290	3, 333, 284	0. 00848	163, 873	1, 391	56.00
57. 00 05700 CT SCAN	156, 361	25, 505, 151	0. 00613	3, 674, 531	22, 529	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	311, 215	5, 833, 787	0. 05334	578, 803	30, 877	58.00
59. 00 05900 CARDI AC CATHETERI ZATI ON	1, 258, 476				110, 919	59.00
60. 00 06000 LABORATORY	178, 500				49, 680	
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1, 638				877	62.00
65. 00 06500 RESPIRATORY THERAPY	219, 418		l .		80, 902	65.00
66. 00 06600 PHYSI CAL THERAPY	164, 746	3, 152, 811			42, 205	66.00
66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0, 102, 011	1		0	66. 01
66. 02 06602 0/P PHYSI CAL THERAPY	138, 398	1, 970, 687			0	66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	28, 291	2, 052, 460			_	67.00
68. 00 06800 SPEECH PATHOLOGY	63, 055	595, 688			15, 574	68.00
69. 00 06900 ELECTROCARDI OLOGY	136, 210				57, 782	69.00
69. 01 06901 CARDI AC REHAB	120, 932				10, 742	
70. 00 07000 ELECTROENCEPHALOGRAPHY	52, 815	· ·			7, 089	70.00
71. 00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136, 633		l .	· ·	7,007	71.00
72. 00 07200 I MPL. DEV. CHARGED TO PATIENTS	8, 136	· ·			0	72.00
73. 00 07300 DRUGS CHARGED TO PATIENTS	458, 890		l .		_	73.00
76. 00   03020 RENAL ACUTE	51, 771	1, 024, 674			32, 278	76.00
OUTPATIENT SERVICE COST CENTERS	31,771	1,024,074	0.03032	24 030, 037	32, 270	70.00
90. 00   09000   CLINIC	0	0	0.00000	00 0	0	90.00
90. 05   09005   PATI ENT NUTRI TI ON	29, 275				0	90.00
90. 05   09005 PATTENT NOTRETTON 90. 07   09007   WOUND CLINIC	29, 275 66, 571	1, 680, 138	l .		56	90.05
91. 00   09100   EMERGENCY			l .		70, 951	90.07
92.00   09200   OBSERVATION BEDS (NON-DISTINCT PART)	624, 767	35, 145, 466	l .			91.00
	497, 364		l .		000 070	
200.00   Total (lines 50-199)	10, 135, 078	338, 459, 849	l	41, 145, 761	882, 272	1200. UU

Health Financial Systems	UNION HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PA	SS THROUGH COS		CCN: 150023	Period: From 09/01/2014 To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared: 7 pm
			e XVIII	Hospi tal	PPS	
Cost Center Description	Nursi ng School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see	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	1.00	2.00	3.00	4.00	3.00	
30. 00 03000 ADULTS & PEDIATRICS	0		)	0 0	0	30.00
31. 00   03100   NTENSI VE CARE UNI T	0			0	٥	31.00
35. 00   02040   NTENSI VE   NURSERY	0			0	0	35.00
41. 00   04100   SUBPROVI DER -   RF	0	0		0 0	0	41.00
43. 00 04300 NURSERY	0	0		0	0	43.00
200.00 Total (lines 30-199)	0	0		0	0	200.00
Cost Center Description	Total Patient	Per Diem	I npati ent	I npati ent		
	Days	(col. 5 ÷	Program Days	Program		
		col. 6)		Pass-Through		
				Cost (col. 7		
		7.00	0.00	x col. 8)		
INDATI ENT DOUTINE CEDVICE COCT CENTEDO	6. 00	7. 00	8. 00	9. 00		
30.00 O3000 ADULTS & PEDIATRICS	18, 476	0.00	8, 20	08	<u> </u>	30.00
31. 00   03000   ADULTS & PEDIATRICS 31. 00   03100   NTENSI VE CARE UNIT	3, 220					31.00
35. 00   02040   NTENSI VE   NURSERY	3, 220 1, 444			0		35.00
41. 00   04100   SUBPROVI DER -	1, 243	l e		7		41.00
43. 00   04300   NURSERY	1, 155	l e	1	0		43.00
200. 00 Total (lines 30-199)	25, 538	l .	10, 90	-		200. 00

Health Financial Systems		UNI	ON HOSPI	TAL,	INC.		In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCI LLARY	SERVICE 0	OTHER PAS	SS	Provi der CCN	150023	From 09/01/2014	Worksheet D Part IV Date/Time Prepared:

			10	) 12/31/2014	5/27/2015 5: 2	
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Non Physi ci an	Nursi ng	Allied Health	All Other	Total Cost	
	Anesthetist	School		Medi cal	(sum of col 1	
	Cost			Educati on	through col.	
				Cost	4)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	C	1	0	0	50.00
50. 01   05001   CARDI AC   SURGERY	0	C	0	0	0	50. 01
50. 02  05002 WVSC	0	C	0	0	0	50. 02
51.00   05100   RECOVERY ROOM	0	C	0	0	0	51.00
51.02  05101 0/P TREATMENT ROOM	0	C	0	0	0	51.02
52.00  05200   DELIVERY ROOM & LABOR ROOM	0	C	0	0	0	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	0	C	87, 407	0	87, 407	54.00
55. 00   05500   RADI OLOGY-THERAPEUTI C	0	C	0	0	0	55.00
56. 00   05600   RADI OI SOTOPE	0	C	0	0	0	56.00
57. 00  05700 CT SCAN	0	C	0	0	0	57.00
58.00   05800   MAGNETIC RESONANCE IMAGING (MRI)	0	C	0	0	0	58.00
59. 00   05900   CARDI AC CATHETERI ZATI ON	0	C	0	0	0	59.00
60. 00  06000  LABORATORY	0	C	0	0	0	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	C	0	0	0	62.00
65. 00   06500   RESPI RATORY THERAPY	0	C	0	0	0	65.00
66. 00   06600 PHYSI CAL THERAPY	0	C	0	0	0	66.00
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C	0	0	0	66. 01
66. 02   06602   0/P PHYSI CAL THERAPY	0	C	0	0	0	66. 02
67. 00  06700 OCCUPATI ONAL THERAPY	0	C	0	0	0	67.00
68. 00   06800   SPEECH PATHOLOGY	0	C	0	0	0	68. 00
69. 00  06900  ELECTROCARDI OLOGY	0	C	0	0	0	69. 00
69. 01   06901   CARDI AC REHAB	0	C	0	0	0	69. 01
70. 00  07000 ELECTROENCEPHALOGRAPHY	0	C	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	C	,	0	164, 056	73.00
76. 00 03020 RENAL ACUTE	0	C	0	0	0	76. 00
OUTPATIENT SERVICE COST CENTERS						
90. 00   09000   CLI NI C	0	C	1	0	0	90.00
90. 05   09005   PATIENT NUTRITION	0	C	0	0	0	90. 05
90. 07   09007   WOUND CLINIC	0	C	0	0	0	90. 07
91. 00   09100   EMERGENCY	0	C	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C	0	0	0	92.00
200.00   Total (lines 50-199)	0	C	251, 463	0	251, 463	200. 00

Health Financial Systems	UNION HOSPITAL, INC.	In Lieu of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCI THROUGH COSTS	LLARY SERVICE OTHER PASS Provider CCN: 150023	Peri od: Worksheet D From 09/01/2014 Part IV To 12/31/2014 Date/Time Prepared:

			1	o 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		Ti tl	e XVIII	Hospi tal	PPS	7 рііі
Cost Center Description	Total		Ratio of Cost		I npati ent	
	Outpati ent	(from Wkst.	to Charges	Ratio of Cost	Program	
	Cost (sum of	C, Part I,	(col . 5 ÷	to Charges	Charges	
	col. 2, 3 and	col. 8)	col. 7)	(col . 6 ÷	51.m. g-2	
	4)		,	col. 7)		
	6. 00	7. 00	8. 00	9. 00	10.00	
ANCILLARY SERVICE COST CENTERS			•			
50. 00 05000 OPERATING ROOM	0	48, 404, 933	0.000000	0.000000	2, 227, 988	50.00
50. 01   05001   CARDI AC   SURGERY	0	3, 503, 531	0.000000	0.000000	0	50. 01
50. 02 05002 WVSC	0	33, 403, 331	0.000000	0.000000	400	50. 02
51.00   05100   RECOVERY ROOM	0	1, 390, 839	0.000000	0.000000	340, 473	51.00
51.02   05101   0/P TREATMENT ROOM	0	1, 385, 600		0.000000	236	51.02
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5, 276, 782	0.000000	0.000000	27, 745	52.00
54. 00 05400 RADI OLOGY-DI AGNOSTI C	87, 407	15, 656, 493	0. 005583	0. 005583	1, 739, 541	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0	13, 828, 788	0.000000	0.000000	303, 963	55.00
56. 00   05600   RADI 0I SOTOPE	0	3, 333, 284	0.000000	0.000000	163, 873	56.00
57. 00   05700   CT   SCAN	0	25, 505, 151	0.000000	0.000000	3, 674, 531	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5, 833, 787		0. 000000	578, 803	58. 00
59. 00 05900 CARDI AC CATHETERI ZATI ON	0	29, 214, 117			2, 574, 845	59.00
60. 00   06000   LABORATORY	0	24, 884, 783	0.000000	0.000000	6, 926, 029	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	881, 643	0. 000000	0. 000000	472, 021	62.00
65. 00 06500 RESPIRATORY THERAPY	0	5, 122, 443	0.000000	0. 000000	1, 888, 698	65.00
66. 00 06600 PHYSI CAL THERAPY	0	3, 152, 811	0.000000	0. 000000	807, 683	66.00
66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	0	1	0. 000000	0	66. 01
66. 02 06602 0/P PHYSI CAL THERAPY	0	1, 970, 687	1		0	66.02
67. 00 06700 OCCUPATI ONAL THERAPY	0	2, 052, 460	0. 000000	0. 000000	397, 636	67.00
68. 00 06800 SPEECH PATHOLOGY	0	595, 688		0. 000000	147, 127	68. 00
69. 00 06900 ELECTROCARDI OLOGY	0	5, 255, 281	0.000000	0. 000000	2, 229, 329	69.00
69. 01 06901 CARDI AC REHAB	0	482, 963			42, 902	69. 01
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	1, 443, 699	0. 000000	0. 000000	193, 769	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	859, 024	0.000000	0. 000000	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6, 401, 218		0. 000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	164, 056	53, 057, 568	0. 003092	0. 003092	11, 776, 728	73.00
76.00 03020 RENAL ACUTE	0				638, 857	76.00
OUTPATIENT SERVICE COST CENTERS		, , , , , , , , , , , , , , , , , , , ,			,	
90. 00 09000 CLI NI C	0	0	0.000000	0. 000000	0	90.00
90. 05   09005   PATI ENT NUTRI TI ON	0	90, 967				90.05
90. 07   09007   WOUND CLINIC	0	1, 680, 138	1		1, 408	
91. 00   09100   EMERGENCY	0	35, 145, 466				91.00
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7, 621, 700				92.00
200.00 Total (lines 50-199)	251, 463				41, 145, 761	
			1	1		

Health Financial Systems

UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS
THROUGH COSTS

UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10

Provider CCN: 150023
From 09/01/2014
To 12/31/2014
To 12/31/2015 5:27 pm

						5/27/2015 5: 2	27 pm
				e XVIII	Hospi tal	PPS	
	Cost Center Description	I npati ent	Outpati ent	Outpati ent			
		Program	Program	Program			
		Pass-Through	Charges	Pass-Through	1		
		Costs (col. 8		Costs (col.	9		
		x col. 10)		x col. 12)			
		11. 00	12. 00	13. 00			
	ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	168, 850		0		50.00
50. 01	05001 CARDI AC SURGERY	o	0		0		50. 01
50.02	05002 WVSC	0	3, 387, 544		0		50. 02
51.00	05100 RECOVERY ROOM	0	0		0		51.00
51. 02	05101 O/P TREATMENT ROOM	0	6, 197		0		51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3, 965		0		52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C	9, 712	2, 576, 142	14, 38	33		54.00
55.00	05500 RADI OLOGY-THERAPEUTI C	, 0	6, 087, 228		0		55.00
56.00	05600 RADI OI SOTOPE	0	1, 023, 960		0		56.00
57. 00	05700 CT SCAN	0	5, 989, 354		0		57.00
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1, 300, 905		0		58.00
59. 00	05900 CARDI AC CATHETERI ZATI ON	0	6, 424, 009		0		59.00
60.00	06000 LABORATORY	0	3, 288, 633		0		60.00
62. 00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	105, 867		0		62.00
65. 00	06500 RESPIRATORY THERAPY	0	67, 892		0		65.00
66.00	06600 PHYSI CAL THERAPY		2, 214		0		66.00
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		2, 217		0		66. 01
66. 02	06602 0/P PHYSICAL THERAPY		0		0		66. 02
67. 00	06700 OCCUPATI ONAL THERAPY		0				67.00
68. 00	06800 SPEECH PATHOLOGY		1, 758				68.00
69. 00	06900 ELECTROCARDI OLOGY	0	798, 310				69.00
69. 01	06901 CARDI AC REHAB		178, 822				69. 01
70. 00	07000 ELECTROENCEPHALOGRAPHY	0			0		70.00
70.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	274, 113 0	ı	0		71.00
71.00	1	0	0		0		71.00
	07200 NPL. DEV. CHARGED TO PATIENTS	24 414	14 702 050	F1 00			
73.00	07300 DRUGS CHARGED TO PATIENTS	36, 414	16, 793, 859				73.00
76.00	03020 RENAL ACUTE	0	49, 721		0		76. 00
00.00	OUTPATIENT SERVICE COST CENTERS			ı			
	09000 CLINIC	0	0		0		90.00
	09005 PATIENT NUTRITION	0	070.005		0		90.05
	09007 WOUND CLINIC	0	379, 925		U		90.07
91.00	09100 EMERGENCY	0	5, 324, 945		0		91.00
	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1, 542, 678		0		92.00
200.00	Total (lines 50-199)	46, 126	55, 776, 891	66, 31	U		200. 00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST From 09/01/2014 Part V Date/Time Prepared: 12/31/2014 5/27/2015 5: 27 pm Title XVIII Hospi tal PPS Charges Costs PPS Services Cost Center Description Cost to PPS Cost Cost Charge Ratio Rei mbursed Rei mbursed Rei mbursed (see inst.) From Services (see Servi ces Services Not Worksheet C, inst.) Subject To Subject To Part I, col. Ded. & Coins. Ded. & Coins. 9 (see inst.) (see inst.) 2.00 5.00 1.00 3.00 4.00 ANCILLARY SERVICE COST CENTERS 05000 OPERATING ROOM 50.00 0. 159135 168, 85C 26, 870 50.00 05001 CARDI AC SURGERY 0 0.394869 50.01 0 50.01 0 50.02 05002 WVSC 0. 158711 3, 387, 544 537, 640 50.02 51.00 05100 RECOVERY ROOM 0. 733615 0 0 0 51.00 51.02 05101 0/P TREATMENT ROOM 1.466208 6, 197 0 0 9,086 51.02 0 0 52.00 05200 DELIVERY ROOM & LABOR ROOM 0 470177 3, 965 1, 864 52.00 0 54.00 05400 RADI OLOGY-DI AGNOSTI C 0.345165 2, 576, 142 889, 194 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 0. 208452 6, 087, 228 0 0 0 1, 268, 895 55.00 1, 023, 960 0 56.00 05600 RADI OI SOTOPE 0.177239 181, 486 56.00 0 05700 CT SCAN 314, 453 57.00 0.052502 5, 989, 354 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0.158743 1, 300, 905 206, 510 58.00 05900 CARDI AC CATHETERI ZATI ON 0 59.00 0. 265988 6, 424, 009 0 0 1, 708, 709 59.00 06000 LABORATORY 0 483, 340 60 00 0 146973 3 288 633 60 00 0 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0.699903 105, 867 74, 097 62.00 65.00 06500 RESPIRATORY THERAPY 0.399287 67, 892 0 0 27, 108 65.00 0 0 66.00 06600 PHYSI CAL THERAPY 0. 323365 2, 214 716 66.00 0 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 0.000000 66 01 C 0 66.01 0 66.02 06602 0/P PHYSI CAL THERAPY 0.591401 C 0 66.02 06700 OCCUPATI ONAL THERAPY 0. 196105 0 67.00 0 67.00 0 0 68.00 06800 SPEECH PATHOLOGY 0.349017 1.758 614 68.00 798, 310 06900 ELECTROCARDI OLOGY 0.204655 0 163, 378 69 00 69 00 o 69.01 06901 CARDI AC REHAB 0.740322 178, 822 132, 386 69.01 07000 ELECTROENCEPHALOGRAPHY 0.470239 0 0 128, 899 70.00 274, 113 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 0 0 71.00 0.630967 71.00 0 07200 IMPL. DEV. CHARGED TO PATIENTS 0 72.00 0.621681 0 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 0. 248221 16, 793, 859 0 40, 625 4, 168, 588 73.00 76.00 03020 RENAL ACUTE 0. 558635 49, 721 0 27, 776 76.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0.000000 0 0 90.00

2. 297350

0. 379758

0.138304

0. 338544

379, 925

5, 324, 945

1, 542, 678

55, 776, 891

55, 776, 891

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40, 625

40, 625

0 90.05

90.07

91.00

92.00

201. 00

144, 280

736, 461

522, 264

11, 754, 614 200. 00

11, 754, 614 202. 00

09005 PATIENT NUTRITION

Only Charges

92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

Subtotal (see instructions)

Less PBP Clinic Lab. Services-Program

Net Charges (line 200 +/- line 201)

09007 WOUND CLINIC

91. 00 09100 EMERGENCY

90.05

90.07

200.00

201.00

Health Financial Systems

UNION HOSPITAL, INC.

In Lieu of Form CMS-2552-10

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150023

Period:
From 09/01/2014
Part V
To 12/31/2014

Date/Time Prepared:

12/31/2014 5/27/2015 5: 27 pm Titl<u>e XVIII</u> Hospi tal PPS Costs Cost Center Description Cost Cost Rei mbursed Rei mbursed Servi ces Services Not Subject To Subject To Ded. & Coins. Ded. & Coins. (see inst.) (see inst.) 7. 00 6.00 ANCILLARY SERVICE COST CENTERS 50.00 05000 OPERATING ROOM 50.00 05001 CARDI AC SURGERY 50.01 50.01 0 05002 WVSC 0 50.02 50.02 51.00 05100 RECOVERY ROOM 0 51.00 51.02 05101 0/P TREATMENT ROOM 0 51.02 05200 DELIVERY ROOM & LABOR ROOM 52.00 0 52.00 05400 RADI OLOGY-DI AGNOSTI C 54.00 0 54.00 55.00 05500 RADI OLOGY-THERAPEUTI C 55.00 0 56.00 05600 RADI OI SOTOPE 56.00 05700 CT SCAN 0 57.00 57.00 58.00 05800 MAGNETIC RESONANCE IMAGING (MRI) 0 58.00 05900 CARDI AC CATHETERI ZATI ON 0 59.00 59.00 06000 LABORATORY 0 60 00 60 00 62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS 0 62.00 65.00 06500 RESPIRATORY THERAPY 0 65.00 06600 PHYSI CAL THERAPY 66.00 66.00 66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES 0 66 01 06602 0/P PHYSI CAL THERAPY 0 66.02 66.02 67.00 06700 OCCUPATI ONAL THERAPY 67.00 68.00 06800 SPEECH PATHOLOGY 0 68.00 69 00 06900 ELECTROCARDI OLOGY 0 69 00 69.01 06901 CARDI AC REHAB 0 69.01 70.00 07000 ELECTROENCEPHALOGRAPHY 0 70.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS 71.00 0 71.00 72.00 07200 I MPL. DEV. CHARGED TO PATIENTS 0 72.00 73.00 07300 DRUGS CHARGED TO PATIENTS 10,084 73.00 03020 RENAL ACUTE 76.00 0 0 76.00 OUTPATIENT SERVICE COST CENTERS 90.00 09000 CLI NI C 0 0 90.00 09005 PATIENT NUTRITION 00000 90.05 90.05 0 90.07 09007 WOUND CLINIC 0 90.07 91.00 91. 00 09100 EMERGENCY 0 92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART) 92.00 200.00 Subtotal (see instructions) 10,084 200.00 Less PBP Clinic Lab. Services-Program 201.00 201.00 Only Charges 202.00 Net Charges (line 200 +/- line 201) 10,084 202.00

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In lie	u of Form CMS-2	2552_10
APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPIT			CCN: 150023	Peri od:	Worksheet D	2332-10
AFFORTIONWENT OF INFATTENT ANCIELARY SERVICE CAFT	AL 00313	Frovider	CCN. 150025	From 09/01/2014		
		Componen	t CCN: 15T023	To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
			e XVIII	Subprovi der  - I RF	PPS	
Cost Center Description	Capi tal	Total Charges			Capital Costs	
	Related Cost	(from Wkst.	to Charges	Program	(column 3 x	
	(from Wkst.	C, Part I,	(col. 1 ÷	Charges	column 4)	
	B, Part II,	col. 8)	col. 2)			
	col. 26)					
	1. 00	2.00	3. 00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	1, 581, 516		•		1	50.00
50. 01   05001   CARDI AC   SURGERY	112, 140		•		0	
50. 02  05002   WVSC	706, 500		•		0	50.02
51.00   05100   RECOVERY ROOM	71, 565		•		22	51.00
51.02  05101 0/P TREATMENT ROOM	397, 395				0	51.02
52.00   05200   DELIVERY ROOM & LABOR ROOM	467, 628	5, 276, 782			0	52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	1, 153, 531	15, 656, 493	0. 07367	77 19, 089	1, 406	54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	913, 051	13, 828, 788	0. 06602	25 0	0	55.00
56. 00   05600   RADI 0I SOTOPE	28, 290	3, 333, 284	0. 00848		8	56.00
57. 00   05700   CT   SCAN	156, 361	25, 505, 151			99	57.00
58.00   05800 MAGNETIC RESONANCE I MAGING (MRI)	311, 215	5, 833, 787	0. 05334	3, 200	171	58.00
59. 00   05900 CARDI AC CATHETERI ZATI ON	1, 258, 476	29, 214, 117	0.04307	78 0	0	59.00
60. 00   06000   LABORATORY	178, 500	24, 884, 783	0. 00717	78, 700	565	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1, 638	881, 643	0. 00185	4, 050	8	62.00
65. 00 06500 RESPIRATORY THERAPY	219, 418	5, 122, 443	0. 04283	36, 929	1, 582	65.00
66. 00   06600 PHYSI CAL THERAPY	164, 746	3, 152, 811	0. 05225	369, 181	19, 291	66.00
66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0	C	0. 00000	00	0	66. 01
66. 02   06602   0/P   PHYSI CAL   THERAPY	138, 398	1, 970, 687	0. 07022	28 0	0	66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	28, 291	2, 052, 460	0. 01378	339, 335	4, 677	67.00
68. 00 06800 SPEECH PATHOLOGY	63, 055	595, 688	0. 10585	82, 592	8, 743	68. 00
69. 00 06900 ELECTROCARDI OLOGY	136, 210	5, 255, 281	0. 02591	9 15, 983	414	69.00
69. 01 06901 CARDI AC REHAB	120, 932	482, 963	0. 25039	0	0	69. 01
70. 00 07000 ELECTROENCEPHALOGRAPHY	52, 815	1, 443, 699	0. 03658	7, 992	292	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	136, 633	859, 024	0. 15905	66 0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	8, 136			71 0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	458, 890	53, 057, 568	0. 00864	19 260, 586	2, 254	73.00
76. 00 03020 RENAL ACUTE	51, 771	1, 024, 674	0. 05052	17, 711	895	76.00
OUTPATIENT SERVICE COST CENTERS	,			,		
90. 00 09000 CLINIC	0	C	0.00000	00 0	0	90.00
90. 05 09005 PATIENT NUTRITION	29, 275	90, 967			0	90.05
90. 07   09007   WOUND CLINIC	66, 571				Ö	90.07
91. 00   09100   EMERGENCY	624, 767		•		112	
92. 00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	021,707		•		0	92.00
200. 00   Total (lines 50-199)	9, 637, 714		1	1, 259, 152	-	

ealth Financial Systems	UNI ON HOSPI TAL		00N 450000		u of Form CMS-:	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SEFFROUGH COSTS	RVICE OTHER PASS	Provi der	CCN: 150023	Peri od: From 09/01/2014	Worksheet D Part IV	
TIROUGH COSTS		Componer	nt CCN: 15T023	To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared:
		Ti t	le XVIII	Subprovi der -	PPS	7 рііі
			_	IRF		
Cost Center Description	Non Physician	Nursi ng	Allied Heal		Total Cost	
	Anesthetist	School		Medi cal	(sum of col 1	
	Cost			Educati on Cost	through col. 4)	
	1. 00	2. 00	3.00	4. 00	5. 00	
ANCILLARY SERVICE COST CENTERS	1.00	2.00	J 5.00	4.00	3.00	
05.00 OFERATING ROOM	0		o	0 0	0	50.00
60. 01   05001   CARDI AC   SURGERY	O		o	0 0	0	50. 01
0. 02   05002   WVSC	0		o	0 0	0	50. 02
1.00 05100 RECOVERY ROOM	0		0	0 0	0	51.00
1.02   05101   0/P TREATMENT ROOM	0		0	0 0	0	51.02
2.00   05200   DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
4. 00   05400   RADI OLOGY-DI AGNOSTI C	0		0 87, 4		87, 407	54.00
5. 00   05500 RADI OLOGY-THERAPEUTI C	0		0	0 0	0	55.00
6. 00   05600   RADI OI SOTOPE	0		0	0 0	0	56.00
7. 00   05700   CT   SCAN	0		0	0	0	57.00
8. 00   05800   MAGNETIC RESONANCE I MAGING (MRI)	0		0	0	0	58.00
9. 00   05900   CARDI AC   CATHETERI ZATI ON 0. 00   06000   LABORATORY	0			0 0	0	59. 00 60. 00
2.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS				0	0	62.00
5. 00 06500 RESPI RATORY THERAPY				0 0	0	65.00
6. 00   06600   PHYSI CAL THERAPY				0 0	0	66.00
6. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	0			0 0	0	66. 01
6. 02   06602   0/P   PHYSI CAL   THERAPY	0		ol	0 0	ő	66. 02
7. 00 06700 OCCUPATI ONAL THERAPY	0		ol	0 0	Ō	67.00
8. 00 06800 SPEECH PATHOLOGY	0		o	0 0	0	68.00
9. 00 06900 ELECTROCARDI OLOGY	O		o	0 0	0	69.00
9. 01   06901   CARDI AC   REHAB	0		o	0 0	0	69. 0°
0.00 07000 ELECTROENCEPHALOGRAPHY	0		0	0 0	0	70.00
1.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
2.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0 0	0	72.00
3. 00 07300 DRUGS CHARGED TO PATIENTS	0		0 164, 0		164, 056	73.00
6. 00 03020 RENAL ACUTE	0		0	0 0	0	76.00
OUTPATIENT SERVICE COST CENTERS				_		
0. 00   09000   CLINIC	0		0	0 0		90.00
O. O5 O9OO5 PATIENT NUTRITION	0		ol	0 0	0	90.05

90.05

90.07 0

0

0 91.00

0 92.00

251, 463 200. 00

0 0 0

0

251, 463

90. 05 09005 PATIENT NUTRITION

92. 00 | 09200 | 0BSERVATION BEDS (NON-DISTINCT PART) 200. 00 | Total (lines 50-199)

90. 07 09007 WOUND CLINIC

91. 00 09100 EMERGENCY

Health Financial Systems	UNI ON HOSPI	TAL. INC.		In Lie	u of Form CMS-2	2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SE			CCN: 150023	Peri od:	Worksheet D	
THROUGH COSTS				From 09/01/2014 To 12/31/2014	Part IV	
		Componen <sup>-</sup>	t CCN: 15T023	To 12/31/2014	Date/Time Pre	pared:
		T: 41	- \/\/	Cb	5/27/2015 5: 2 PPS	:/ pm
		11 11	e XVIII	Subprovi der -	PP5	
Cost Center Description	Total	Total Charges	Datio of Cos	IRF t Outpatient	Inpati ent	
cost center bescription	Outpati ent	(from Wkst.	to Charges	Ratio of Cost	Program	
	Cost (sum of	C, Part I,	(col. 5 ÷	to Charges	Charges	
	col. 2, 3 and			(col. 6 ÷	Chai ges	
	4)	col. 8)	col. 7)	col. 7)		
	6. 00	7. 00	8. 00	9. 00	10.00	
ANCILLARY SERVICE COST CENTERS	0.00	7.00	0.00	7.00	10.00	
50. 00 05000 OPERATING ROOM	1 0	48, 404, 933	0.00000	0. 000000	28	50.00
50. 01   05000					0	
50. 02   05002   WSC					0	50.01
51. 00   05100   RECOVERY ROOM		,,	1		-	1
51. 00   05100   RECOVERY ROOM 51. 02   05101   0/P   TREATMENT ROOM		,			424 0	51.00
52. 00   05200   DELI VERY ROOM & LABOR ROOM		.,,			0	
	87, 407					1
					19, 089	
	C		1		0	1
56. 00   05600   RADI OI SOTOPE	C				907	56.00
57. 00 05700 CT SCAN	C				16, 140	1
58. 00 05800 MAGNETIC RESONANCE IMAGING (MRI)	C	-,,			3, 200	1
59. 00 05900 CARDI AC CATHETERI ZATI ON	C				0	
60. 00   06000   LABORATORY	C	,,	1		78, 700	
62. 00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	C				4, 050	1
65. 00 06500 RESPI RATORY THERAPY	C	-,,	1		36, 929	65.00
66. 00   06600   PHYSI CAL THERAPY	C				369, 181	66.00
66. 01 06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES	C	1			0	
66. 02   06602   0/P PHYSI CAL THERAPY	C				0	
67. 00 06700 OCCUPATI ONAL THERAPY	C	_, -,,	0.00000		339, 335	1
68. 00 06800 SPEECH PATHOLOGY	C		1		82, 592	1
69. 00 06900 ELECTROCARDI OLOGY	C	-,,			15, 983	1
69. 01   06901   CARDI AC REHAB	C				0	
70. 00 07000 ELECTROENCEPHALOGRAPHY	C	.,	1		7, 992	1
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	C				0	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	C	-,,			0	
73. 00 07300 DRUGS CHARGED TO PATIENTS	164, 056				260, 586	
76. 00 03020 RENAL ACUTE	C	1, 024, 674	0.00000	0.000000	17, 711	76. 00
OUTPATIENT SERVICE COST CENTERS			1			1
90. 00  09000   CLI NI C	C				0	
90.05 09005 PATIENT NUTRITION	C		1		0	
90. 07   09007   WOUND CLINIC	C	,	1		0	
91. 00   09100   EMERGENCY	C		1		6, 305	1
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	C	.,,		0. 000000	0	
200.00   Total (lines 50-199)	251, 463	338, 459, 849	1		1, 259, 152	200.00

Health Financial Systems	UNI ON HOSPI TAL,	INC.	In Lieu	u of Form CMS-2552-10
APPORTIONMENT OF INPATIENT/OUTPATIENT THROUGH COSTS	ANCILLARY SERVICE OTHER PASS	Provider CCN: 150023 Component CCN: 15T023	From 09/01/2014	Date/Time Prepared:
		T: +1 - \0.0111	Cultura and all all and	5/27/2015 5: 27 pm
		Title XVIII	Subprovi der -	PPS

		Ti tl	e XVIII	Subprovi der - I RF	PPS	
Cost Center Description	Inpatient	Outpati ent	Outpati ent	INI		
	Program	Program	Program			
	Pass-Through	Charges	Pass-Through			
	Costs (col. 8	J	Costs (col. 9			
	x col. 10)		x col. 12)			
	11. 00	12. 00	13.00			
ANCILLARY SERVICE COST CENTERS						
50.00   05000   OPERATING ROOM	0	C		0		50.00
50. 01  05001   CARDI AC   SURGERY	0	C		0		50. 01
50. 02  05002 WVSC	0	C		0		50. 02
51.00   05100   RECOVERY ROOM	0	C		0		51.00
51.02   05101   0/P TREATMENT ROOM	0	C		0		51.02
52.00   05200   DELIVERY ROOM & LABOR ROOM	0	C		0		52.00
54. 00   05400   RADI OLOGY-DI AGNOSTI C	107	C		0		54.00
55. 00   05500 RADI OLOGY-THERAPEUTI C	0	C		0		55.00
56. 00   05600   RADI OI SOTOPE	0	C		0		56.00
57.00  05700   CT   SCAN	0	C		0		57.00
58.00   05800   MAGNETIC RESONANCE I MAGING (MRI)	0	C		0		58.00
59. 00   05900   CARDI AC   CATHETERI ZATI ON	0	C		0		59. 00
60. 00   06000   LABORATORY	0	C		0		60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	C		0		62.00
65. 00 06500 RESPIRATORY THERAPY	0	C		0		65.00
66. 00 06600 PHYSI CAL THERAPY	0	C		0		66.00
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL   SERVI CES	0	C		0		66. 01
66. 02   06602   0/P   PHYSI CAL THERAPY	0	C		0		66. 02
67. 00 06700 OCCUPATI ONAL THERAPY	0	C		0		67.00
68. 00 06800 SPEECH PATHOLOGY	0	C		0		68.00
69. 00 06900 ELECTROCARDI OLOGY	0	C		0		69.00
69. 01   06901   CARDI AC   REHAB	0	C		0		69. 01
70. 00 07000 ELECTROENCEPHALOGRAPHY	0	C		0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	C		0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	C		0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	806	C		0		73.00
76. 00   03020 RENAL ACUTE	0	C		0		76.00
OUTPATIENT SERVICE COST CENTERS						
90. 00 09000 CLINIC	0	C		0		90.00
90.05 09005 PATIENT NUTRITION	0	C		0		90.05
90. 07   09007   WOUND CLINIC	0	C		0		90.07
91. 00   09100   EMERGENCY	0	C		0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	C		0		92.00
200.00   Total (lines 50-199)	913	C		o		200.00

llool +b	Financial Systems	LNC	la li o	u of Form CMC	2552 10
	Financial Systems UNION HOSPITAL, ATION OF INPATIENT OPERATING COST	Provi der CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	w of Form CMS-2 Worksheet D-1 Date/Time Pre 5/27/2015 5:2	epared:
		Title XVIII	Hospi tal	PPS	: / þill
	Cost Center Description			1 00	
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days,			18, 476	
2. 00 3. 00	Inpatient days (including private room days, excluding swing-be Private room days (excluding swing-bed and observation bed days do not complete this line.		rivate room days,	18, 476 0	
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation bed Total swing-bed SNF type inpatient days (including private room		or 21 of the cost	15, 868 0	1
5.00	reporting period	3 ,		O	3.00
6. 00	Total swing-bed SNF type inpatient days (including private room reporting period (if calendar year, enter 0 on this line)	n days) after December	31 of the cost	0	6.00
7. 00	Total swing-bed NF type inpatient days (including private room reporting period	days) through Decembe	r 31 of the cost	0	7. 00
8. 00	Total swing-bed NF type inpatient days (including private room	days) after December	31 of the cost	0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to newborn days)	the Program (excludin	g swing-bed and	8, 208	9. 00
10. 00	Swing-bed SNF type inpatient days applicable to title XVIII onl		room days)	0	10.00
11. 00	through December 31 of the cost reporting period (see instructi Swing-bed SNF type inpatient days applicable to title XVIII onl	y (including private	room days) after	0	11.00
12. 00	December 31 of the cost reporting period (if calendar year, ent Swing-bed NF type inpatient days applicable to titles V or XIX		te room days)	0	12.00
13. 00		0	13. 00		
14. 00	after December 31 of the cost reporting period (if calendar yea Medically necessary private room days applicable to the Program			0	14.00
15.00	Total nursery days (title V or XIX only)	. (a a.ag ag a.a.		0	
16. 00	Nursery days (title V or XIX only) SWING BED ADJUSTMENT			0	16.00
17. 00	Medicare rate for swing-bed SNF services applicable to services	through December 31	of the cost	0.00	17. 00
18. 00	reporting period Medicare rate for swing-bed SNF services applicable to services reporting period	after December 31 of	the cost	0. 00	18. 00
19. 00	Medicald rate for swing-bed NF services applicable to services reporting period	through December 31 o	f the cost	0. 00	19.00
20. 00		after December 31 of	the cost	0. 00	20.00
	Total general inpatient routine service cost (see instructions)			18, 279, 657	
22. 00	Swing-bed cost applicable to SNF type services through December $5 \times 1$ line 17)	31 of the cost repor	ting period (line	0	22.00
23. 00	Swing-bed cost applicable to SNF type services after December 3 x line 18)	31 of the cost reporti	ng period (line 6	0	23.00
24. 00	Swing-bed cost applicable to NF type services through December $7 \times 1$ ine 19)	31 of the cost report	ing period (line	0	24.00
25. 00	Swing-bed cost applicable to NF type services after December 31 x line 20)	of the cost reportin	g period (line 8	0	25. 00
26.00	Total swing-bed cost (see instructions)			0	
27. 00	General inpatient routine service cost net of swing-bed cost (I PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	ine 21 minus line 26)		18, 279, 657	27.00
28. 00	General inpatient routine service charges (excluding swing-bed	and observation bed c	harges)	0	28. 00
29. 00	Private room charges (excluding swing-bed charges)			0	
30.00	Semi - pri vate room charges (excluding swing-bed charges)	Line 20)		0	
31.00	General inpatient routine service cost/charge ratio (line 27 ÷	iine 28)		0.000000	1
32. 00 33. 00	Average private room per diem charge (line 29 ÷ line 3) Average semi-private room per diem charge (line 30 ÷ line 4)			0. 00 0. 00	1
34. 00	Average per diem private room charge differential (line 32 minu	ıs line 33)(see instru	ctions)	0.00	1
35. 00	Average per diem private room cost differential (line 34 x line		0110113)	0.00	1
36. 00	Private room cost differential adjustment (line 3 x line 35)	1,		0.00	1
37. 00	General inpatient routine service cost net of swing-bed cost ar	nd private room cost d	ifferential (line		
	27 minus line 36)				]
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	TMENTS			+
38. 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUS Adjusted general inpatient routine service cost per diem (see i			989. 37	38.00
39.00	Program general inpatient routine service cost per dreim (see in Program general inpatient routine service cost (line 9 x line 3	•		8, 120, 749	1
	Medically necessary private room cost applicable to the Program	•		0	1

40.00 Medically necessary private room cost applicable to the Program (line 14 x line 35)
41.00 Total Program general inpatient routine service cost (line 39 + line 40)

8, 120, 749 41.00

Heal th	Financial Systems	UNION HOSPITAL	_, INC.		In Lie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST				eri od:	Worksheet D-1	
					rom 09/01/2014 o 12/31/2014	Date/Time Pre	pared:
			Ti +I	e XVIII	Hospi tal	5/27/2015 5: 2 PPS	7 pm
	Cost Center Description	Total	Total	Average Per	Program Days	Program Cost	
	<u>'</u>	•	I npati ent	Diem (col. 1		(col. 3 x	
		1.00	Days 2.00	÷ col. 2) 3.00	4.00	col . 4) 5.00	
42. 00	NURSERY (title V & XIX only)	0	2.00				42. 00
40.00	Intensive Care Type Inpatient Hospital Units		0.000			0 774 000	
43. 00 44. 00	INTENSIVE CARE UNIT	4, 631, 960	3, 220	1, 438. 50	1, 927	2, 771, 990	43. 00 44. 00
	BURN INTENSIVE CARE UNIT						45. 00
46.00	SURGICAL INTENSIVE CARE UNIT	4 400 400					46.00
47.00	INTENSIVE NURSERY  Cost Center Description	1, 420, 498	1, 444	983. 72	0	0	47. 00
						1. 00	
48.00	Program inpatient ancillary service cost (Wk					9, 195, 492	
49.00	Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS	41 through 48)(se	e instructio	ons)		20, 088, 231	49. 00
50.00	Pass through costs applicable to Program input	atient routine se	rvi ces (fror	m Wkst. D, sum	of Parts I and	1, 928, 742	50.00
F1 00	Describerate applicable to Drogram inn	ationt anaillanu	comulaca (fi	som Wko+ D o	um of Dorto II	020 200	F1 00
51. 00	Pass through costs applicable to Program inpland IV)	atrent ancirrary	services (11	TOIII WKSt. D, S	um or Parts II	928, 398	51.00
52.00	Total Program excludable cost (sum of lines					2, 857, 140	
53. 00	Total Program inpatient operating cost exclumedical education costs (line 49 minus line		ted, non-phy	ysician anesth	etist, and	17, 231, 091	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION	32)					
	Program di scharges					0	54.00
55. 00 56. 00	Target amount per discharge Target amount (line 54 x line 55)					0.00	55. 00 56. 00
57. 00	Difference between adjusted inpatient operat	ing cost and targ	et amount (I	line 56 minus	line 53)	Ö	57. 00
58.00	Bonus payment (see instructions)					0	58.00
59. 00	Lesser of lines 53/54 or 55 from the cost remarket basket	porting period en	ding 1996, i	updated and co	mpounded by the	0.00	59. 00
60.00	Lesser of lines 53/54 or 55 from prior year	cost report, upda	ted by the r	market basket		0.00	60.00
61. 00						0	61.00
	which operating costs (line 53) are less that amount (line 56), otherwise enter zero (see		(Tines 54 x	60), OF 1% OF	the target		
62.00	Relief payment (see instructions)	,				0	62.00
63. 00	Allowable Inpatient cost plus incentive paymer PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see instruct	i ons)			0	63. 00
64. 00	Medicare swing-bed SNF inpatient routine cos	ts through Decemb	er 31 of the	e cost reporti	ng period (See	0	64. 00
/F 00	instructions)(title XVIII only)	<del></del>	. 21 -6 -1				/F 00
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	is after December	31 of the c	cost reporting	period (See	0	65. 00
66.00	Total Medicare swing-bed SNF inpatient routi	ne costs (line 64	plus line 6	65)(title XVII	l only). For	0	66. 00
67. 00	CAH (see instructions) Title V or XIX swing-bed NF inpatient routing	o costs through D	ocombor 21 (	of the cost re	porting ported	0	67. 00
07.00	(line 12 x line 19)	e costs through b	ecember 51 (	or the cost re	por tring period		07.00
68. 00	Title V or XIX swing-bed NF inpatient routing	e costs after Dec	ember 31 of	the cost repo	rting period	0	68. 00
69. 00	(line 13 x line 20) Total title V or XIX swing-bed NF inpatient	routine costs (li	ne 67 + line	e 68)		0	69. 00
	PART III - SKILLED NURSING FACILITY, OTHER NU	JRSING FACILITY,	AND ICF/MR (	ONLY			
70. 00 71. 00	Skilled nursing facility/other nursing facil Adjusted general inpatient routine service of	,		,			70. 00 71. 00
71.00	Program routine service cost (line 9 x line		e 70 ÷ Title	2)			71.00
73.00	, , , , , , , , , , , , , , , , , , , ,						73.00
74. 00 75. 00	Total Program general inpatient routine serv Capital-related cost allocated to inpatient	•	,		art II column		74. 00 75. 00
73.00	26, line 45)	routine service e	0313 (1101111	MOTRATICE D, T	art II, corumi		73.00
76.00	Per diem capital related costs (line 75 ÷ line						76.00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess	s costs (from pro					79. 00
80. 00 81. 00	Total Program routine service costs for compaling attent routine service cost per diem limi		t limitation	n (line 78 min	us line 79)		80. 00 81. 00
82.00	Inpatient routine service cost per drem frim						81.00
83.00	Reasonable inpatient routine service costs (	see instructions)					83.00
84. 00 85. 00	Program inpatient ancillary services (see in: Utilization review - physician compensation		)				84. 00 85. 00
	Total Program inpatient operating costs (sum						86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST				2 (22	07.00
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per	•	ine 2)			2, 608 989. 37	87. 00 88. 00
	Observation bed cost (line 87 x line 88) (see		,			2, 580, 277	

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 09/01/2014 To 12/31/2014		
		Ti tl	e XVIII	Hospi tal	PPS	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observati on	Bed Pass	
		27)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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	3, 523, 514	18, 279, 657	0. 19275	6 2, 580, 277	497, 364	90.00
91.00 Nursing School cost	0	18, 279, 657	0. 00000	0 2, 580, 277	0	91.00
92.00 Allied health cost	0	18, 279, 657	0. 00000	0 2, 580, 277	0	92.00
93.00 All other Medical Education	0	18, 279, 657	0. 00000	0 2, 580, 277	0	93.00

Health Financial Systems	UNION HOSPITAL,	INC.	In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN: 150023	Peri od: From 09/01/2014	Worksheet D-1	
		Component CCN: 15T023			
		Title XVIII	Subprovi der -	PPS	, p
Cook Cooks Description			I RF		

01		I RF		
Cost C	Center Description	-	1. 00	
DAPT I _ AII	PROVI DER COMPONENTS		1.00	
I NPATI ENT DA				ł
	ays (including private room days and swing-bed days, excluding newborn)		1, 243	1.00
	ays (including private room days, excluding swing-bed and newborn days)		1, 243	2.00
	m days (excluding swing-bed and observation bed days). If you have only p	orivate room days,	0	3.00
	lete this line.			
	e room days (excluding swing-bed and observation bed days)		1, 243	4.00
	-bed SNF type inpatient days (including private room days) through Decemb	per 31 of the cost	0	5.00
reporting p			0	
	-bed SNF type inpatient days (including private room days) after December eriod (if calendar year, enter O on this line)	31 of the cost	0	6.00
	-bed NF type inpatient days (including private room days) through Decembe	or 31 of the cost	0	7.00
reporting p		or or the cost	O	7.00
	-bed NF type inpatient days (including private room days) after December	31 of the cost	0	8.00
reporting p	eriod (if calendar year, enter 0 on this line)			
	ient days including private room days applicable to the Program (excludir	ng swing-bed and	767	9.00
newborn day				40.00
	NF type inpatient days applicable to title XVIII only (including private	room days)	0	10.00
	ember 31 of the cost reporting period (see instructions) NF type inpatient days applicable to title XVIII only (including private	room days) after	0	11.00
	of the cost reporting period (if calendar year, enter 0 on this line)	100iii days) arter	U	11.00
	F type inpatient days applicable to titles V or XIX only (including priva	ate room davs)	0	12.00
	ember 31 of the cost reporting period			
13.00 Swing-bed N	F type inpatient days applicable to titles V or XIX only (including priva	ate room days)	0	13.00
	ber 31 of the cost reporting period (if calendar year, enter O on this li			
	ecessary private room days applicable to the Program (excluding swing-bed	d days)	0	14.00
	ry days (title V or XIX only)		0	15.00
SWING BED A	s (title V or XIX only)		0	16. 00
	te for swing-bed SNF services applicable to services through December 31	of the cost	0.00	17. 00
reporting p		or the cost	0.00	17.00
' ' '	te for swing-bed SNF services applicable to services after December 31 of	the cost	0. 00	18.00
reporting p	9			
19.00 Medicaid ra	te for swing-bed NF services applicable to services through December 31 o	of the cost	0.00	19. 00
reporting p				
	te for swing-bed NF services applicable to services after December 31 of	the cost	0. 00	20.00
reporting p 21.00 Total gener	al inpatient routine service cost (see instructions)		1, 565, 396	21.00
	ost applicable to SNF type services through December 31 of the cost repor	rting period (line	1, 303, 370	22.00
5 x line 17		11.19 poi.104 (11.119	· ·	22.00
23.00 Swing-bed c	ost applicable to SNF type services after December 31 of the cost reporti	ng period (line 6	0	23.00
x line 18)				
	ost applicable to NF type services through December 31 of the cost report	ting period (line	0	24.00
7 x line 19	•			05 00
	ost applicable to NF type services after December 31 of the cost reportin	ng period (line 8	0	25. 00
x line 20)	-bed cost (see instructions)		0	26.00
	atient routine service cost net of swing-bed cost (line 21 minus line 26)	1	1, 565, 396	
	M DIFFERENTIAL ADJUSTMENT		.,,,	
	atient routine service charges (excluding swing-bed and observation bed	charges)	0	28.00
29.00 Private roo	m charges (excluding swing-bed charges)		0	29.00
	e room charges (excluding swing-bed charges)		0	30.00
	atient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	
, ,	vate room per diem charge (line 29 ÷ line 3)		0.00	1
	i-private room per diem charge (line 30 ÷ line 4)	ictions)	0.00	
, ,	diem private room charge differential (line 32 minus line 33)(see instrudiem private room cost differential (line 34 x line 31)	10115)	0. 00 0. 00	
	m cost differential adjustment (line 3 x line 35)		0.00	36.00
1	atient routine service cost net of swing-bed cost and private room cost of	differential (line	1, 565, 396	
27 minus li			1, 303, 370	] 57.00
	OSPITAL AND SUBPROVIDERS ONLY			1
	ATLENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
, ,	neral inpatient routine service cost per diem (see instructions)		1, 259. 37	
	eral inpatient routine service cost (line 9 x line 38)		965, 937	
,	ecessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00   Total Progr	am general inpatient routine service cost (line 39 + line 40)		965, 937	41.0C

	Financial Systems	UNI ON HOSPI			In Lie	u of Form CMS-2	2552-10
COMPUT	TATION OF INPATIENT OPERATING COST				Period: From 09/01/2014	Worksheet D-1	
				e XVIII	To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		_			Subprovi der - I RF	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)	
42. 00	NURSERY (title V & XIX only)	1.00	2. 00	3.00	4.00	5. 00	42.00
	Intensive Care Type Inpatient Hospital Units						1
43. 00 44. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	0	C	0.0	0	0	43. 00 44. 00
45. 00 46. 00	BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT						45. 00 46. 00
	I NTENSI VE NURSERY	0	C	0.0	0 0	0	47.00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk.			one)		334, 914	
49.00	Total Program inpatient costs (sum of lines - PASS THROUGH COST ADJUSTMENTS	, , , , , , , , , , , , , , , , , , ,		,		1, 300, 851	49.00
50. 00	Pass through costs applicable to Program inpa	atient routine	services (fro	m Wkst. D, sun	n of Parts I and	198, 937	50.00
51. 00	Pass through costs applicable to Program inpand IV)	atient ancillar	ry services (f	rom Wkst. D, s	sum of Parts II	41, 453	51.00
52. 00 53. 00	Total Program excludable cost (sum of lines ! Total Program inpatient operating cost exclud		alatad man ah	ualalan anaath	actiot and	240, 390	
33.00	medical education costs (line 49 minus line !		erateu, non-pn	ysi ci aii allesti	letist, and	1, 060, 461	33.00
54. 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54.00
55. 00	Target amount per discharge						55.00
56. 00 57. 00	Target amount (line 54 x line 55) Difference between adjusted inpatient operati	ing cost and ta	arget amount (	line 56 minus	line 53)	0	56. 00 57. 00
58. 00 59. 00	Bonus payment (see instructions)					0.00	
	market basket						
60. 00 61. 00	Lesser of lines 53/54 or 55 from prior year of line 53/54 is less than the lower of lines				the amount by	0. 00 0	1
	which operating costs (line 53) are less that amount (line 56), otherwise enter zero (see		ts (lines 54 x	60), or 1% of	the target		
	00 Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive paymer PROGRAM INPATIENT ROUTINE SWING BED COST					0	63.00
64. 00	instructions) (title XVIII only)					0	64.00
65. 00	Medicare swing-bed SNF inpatient routine cosinstructions)(title XVIII only)	ts after Decemb	per 31 of the	cost reportino	g period (See	0	65.00
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line	64 plus line	65)(title XVII	I only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing (line 12 x line 19)	e costs through	n December 31	of the cost re	eporting period	0	67.00
68. 00	Title V or XIX swing-bed NF inpatient routing (line 13 x line 20)	e costs after [	December 31 of	the cost repo	orting period	0	68. 00
69. 00	Total title V or XIX swing-bed NF inpatient					0	69. 00
70. 00	PART III - SKILLED NURSING FACILITY, OTHER NU Skilled nursing facility/other nursing facili						70.00
71. 00 72. 00	Adjusted general inpatient routine service of Program routine service cost (line 9 x line		line 70 ÷ line	2)			71.00 72.00
73. 00	Medically necessary private room cost application	abĺe to Program					73.00
74. 00 75. 00	Total Program general inpatient routine servicapital-related cost allocated to inpatient	•			Part II, column		74. 00 75. 00
76. 00	26, line 45)   Per diem capital-related costs (line 75 ÷ li	ne 2)					76.00
77. 00 78. 00	Program capital-related costs (line 9 x line Inpatient routine service cost (line 74 minus						77. 00 78. 00
79. 00	Aggregate charges to beneficiaries for excess	s costs (from p			7-5		79. 00
80. 00 81. 00	Total Program routine service costs for compa Inpatient routine service cost per diem limi		cost limitatio	n (line 78 mir	nus line 79)		80. 00 81. 00
82.00	Inpatient routine service cost limitation (I	ine 9 x line 8°	* .				82.00
83. 00 84. 00	Reasonable inpatient routine service costs (: Program inpatient ancillary services (see in:		13)				83. 00 84. 00
85. 00 86. 00	Utilization review - physician compensation Total Program inpatient operating costs (sum						85. 00 86. 00
	PART IV - COMPUTATION OF OBSERVATION BED PASS	S THROUGH COST	ougit 00)				1
87. 00 88. 00	Total observation bed days (see instructions Adjusted general inpatient routine cost per	•	÷ line 2)			0 0. 00	87. 00 88. 00
89. 00	Observation bed cost (line 87 x line 88) (see	e instructions)	)			0	89. 00

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
		Component	CCN: 15T023	From 09/01/2014 To 12/31/2014		
		Title	e XVIII	Subprovi der -	PPS	
				I RF		
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observati on	Bed Pass	
		27)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	col. 4) (see	
				, i	instructions)	
	1. 00	2. 00	3. 00	4. 00	5. 00	
COMPUTATION OF OBSERVATION BED PASS THROUGH	COST					
90.00 Capital-related cost	322, 392	1, 565, 396	0. 20594	19 0	0	90.00
91.00 Nursing School cost	0	1, 565, 396	0. 00000	00	0	91.00
92.00 Allied health cost	0	1, 565, 396	0. 00000	00	0	92.00
93.00 All other Medical Education	0	1, 565, 396	0. 00000	00	0	93.00

Heal th	Financial Systems UNION HOSPITAL,	I NC.	In Lie	u of Form CMS-2	2552-10
COMPUT	ATION OF INPATIENT OPERATING COST	Provi der CCN: 150023	Peri od: From 09/01/2014	Worksheet D-1	
			To 12/31/2014		
		Title XIX	Hospi tal	5/27/2015 5: 2 Cost	/ pill
	Cost Center Description			1 00	
	PART I - ALL PROVIDER COMPONENTS			1. 00	
	I NPATI ENT DAYS				
1. 00 2. 00	Inpatient days (including private room days and swing-bed days Inpatient days (including private room days, excluding swing-b			18, 476 18, 476	1. 00 2. 00
3. 00	Private room days (excluding swing-bed and observation bed day do not complete this line.		rivate room days,	0	3. 00
4. 00 5. 00	Semi-private room days (excluding swing-bed and observation be Total swing-bed SNF type inpatient days (including private roo		er 31 of the cost	15, 868 0	4. 00 5. 00
6. 00	reporting period Total swing-bed SNF type inpatient days (including private roc	m days) after December	31 of the cost	0	6. 00
7. 00	reporting period (if calendar year, enter 0 on this line) Total swing-bed NF type inpatient days (including private room	davs) through December	r 31 of the cost	0	7. 00
8. 00	reporting period Total swing-bed NF type inpatient days (including private room	3 ,		0	8. 00
9. 00	reporting period (if calendar year, enter 0 on this line) Total inpatient days including private room days applicable to	<b>3</b> .		1, 333	
10. 00	newborn days) Swing-bed SNF type inpatient days applicable to title XVIII on			0	
11. 00	through December 31 of the cost reporting period (see instruct Swing-bed SNF type inpatient days applicable to title XVIII on	i ons)		0	11. 00
12. 00	December 31 of the cost reporting period (if calendar year, en Swing-bed NF type inpatient days applicable to titles V or XIX		te room days)	0	12. 00
13. 00	through December 31 of the cost reporting period Swing-bed NF type inpatient days applicable to titles V or XIX	only (including priva	te room days)	0	13. 00
14. 00	after December 31 of the cost reporting period (if calendar ye Medically necessary private room days applicable to the Progra			0	14. 00
15. 00 16. 00	Total nursery days (title V or XIX only) Nursery days (title V or XIX only)			· ·	15. 00 16. 00
	SWING BED ADJUSTMENT Medicare rate for swing-bed SNF services applicable to service	s through December 31 (	of the cost		17. 00
	reporting period  Medicare rate for swing-bed SNF services applicable to service	G			18. 00
	reporting period  Medicaid rate for swing-bed NF services applicable to services				19. 00
	reporting period  Medicaid rate for swing-bed NF services applicable to services	G			20.00
	reporting period  Total general inpatient routine service cost (see instructions			18, 267, 459	
22. 00	Swing-bed cost applicable to SNF type services through Decembe $5 \times 1$ ine $17$ )	•	ting period (line		
23. 00	Swing-bed cost applicable to SNF type services after December x line 18)	31 of the cost reporti	ng period (line 6	0	23. 00
24. 00	Swing-bed cost applicable to NF type services through December 7 x line 19)	31 of the cost report	ng period (line	0	24. 00
25. 00	Swing-bed cost applicable to NF type services after December 3 $\times$ line 20)	1 of the cost reporting	g period (line 8	0	25. 00
26. 00 27. 00	Total swing-bed cost (see instructions) General inpatient routine service cost net of swing-bed cost (	line 21 minus line 26)		0 18, 267, 459	
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		, ,		
28. 00 29. 00	General inpatient routine service charges (excluding swing-bed Private room charges (excluding swing-bed charges)	and observation bed cl	narges)	0	
30.00	Semi -pri vate room charges (excluding swing-bed charges)			0	30.00
31. 00	General inpatient routine service cost/charge ratio (line 27 ÷	line 28)		0. 000000	
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)	!! 22) ( !+	-+:>	0.00	
34. 00 35. 00	Average per diem private room charge differential (line 32 min Average per diem private room cost differential (line 34 x lin	, ,	LI UIIS)	0. 00 0. 00	
36.00	Private room cost differential adjustment (line 3 x line 35)	C 01)		0.00	36.00
37. 00	General inpatient routine service cost net of swing-bed cost a 27 minus line 36)	nd private room cost d	fferential (line		
	PART II - HOSPITAL AND SUBPROVIDERS ONLY	CTNENTS			
20 00	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJU			000 71	20 00
38. 00 39. 00	Adjusted general inpatient routine service cost per diem (see Program general inpatient routine service cost (line 9 x line	*		988. 71 1, 317, 950	
	Medically necessary private room cost applicable to the Progra	*		1, 317, 950	
	Total Program general inpatient routine service cost (line 39			1, 317, 950	
			·		

Heal th	Financial Systems	UNION HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
	ATION OF INPATIENT OPERATING COST				Peri od:	Worksheet D-1	
					From 09/01/2014 To 12/31/2014		pared:
-			T: +	Lo VIV	Hooni tol	5/27/2015 5: 2	7 pm
	Cost Center Description	Total	Total	Average Per	Hospital Program Days	Cost Program Cost	
	555t 55.1151 5555t pt. 511	I npati ent	I npati ent	Di em (col. 1	l rog. a bays	(col. 3 x	
		Cost	Days	÷ col . 2)	4.00	col . 4)	
42 00	NURSERY (title V & XIX only)	1. 00 662, 515	2. 00 1, 155	3. 00 573. 6	4.00	5. 00	42.00
.2. 00	Intensive Care Type Inpatient Hospital Units	002, 0.10	.,	0,0.0			12.00
43.00	INTENSIVE CARE UNIT	4, 631, 960	3, 220	1, 438. 50	0	0	
44. 00 45. 00	CORONARY CARE UNIT BURN INTENSIVE CARE UNIT						44. 00 45. 00
46. 00	SURGICAL INTENSIVE CARE UNIT						46.00
47. 00	I NTENSI VE NURSERY	1, 420, 498	1, 444	983. 72	2 0	0	47. 00
	Cost Center Description					1. 00	
48. 00	Program inpatient ancillary service cost (Wk	st. D-3, col. 3	3, line 200)			1, 650, 915	48. 00
	Total Program inpatient costs (sum of lines			ons)		2, 968, 865	
F0 00	PASS THROUGH COST ADJUSTMENTS			Wi+ D	-£ D+-		
50. 00	Pass through costs applicable to Program inpa	attent routine	services (Tro	m wkst. D, Sum	or Parts I and	0	50.00
51.00	Pass through costs applicable to Program inpa	atient ancillar	ry services (f	rom Wkst. D, s	um of Parts II	0	51.00
52. 00	and IV) Total Program excludable cost (sum of lines!	50 and 51)				0	52.00
53. 00	Total Program inpatient operating cost exclude	,	elated, non-ph	ysician anesth	etist, and	ő	
	medical education costs (line 49 minus line !	52)					
54 00	TARGET AMOUNT AND LIMIT COMPUTATION Program discharges					0	54.00
55. 00	Target amount per discharge					0.00	
	Target amount (line 54 x line 55)					0	56. 00
57. 00	Difference between adjusted inpatient operati Bonus payment (see instructions)	ing cost and ta	arget amount (	line 56 minus	line 53)	0	57. 00 58. 00
58. 00 59. 00	Lesser of lines 53/54 or 55 from the cost re	portina period	endi na 1996.	updated and co	mpounded by the		•
	market basket						
60.00	Lesser of lines 53/54 or 55 from prior year of line 53/54 is less than the lower of lines				+ha amaum+ hu	0.00	60. 00 61. 00
61. 00	which operating costs (line 53) are less than					0	61.00
	amount (line 56), otherwise enter zero (see			,,	3 · ·		
62.00	Relief payment (see instructions) Allowable Inpatient cost plus incentive paymo	ont (000 i notri	uati ana)			0	
03.00	PROGRAM INPATIENT ROUTINE SWING BED COST	ent (see mstrt	ictrons)			0	03.00
64.00	Medicare swing-bed SNF inpatient routine cos	ts through Dece	ember 31 of th	e cost reporti	ng period (See	0	64.00
65. 00	instructions)(title XVIII only) Medicare swing-bed SNF inpatient routine cos	ts after Decemb	per 31 of the	cost reporting	period (See	0	65. 00
	instructions)(title XVIII only)					_	
66. 00	Total Medicare swing-bed SNF inpatient routing CAH (see instructions)	ne costs (line	64 plus line	65)(title XVII	I only). For	0	66. 00
67. 00	Title V or XIX swing-bed NF inpatient routing	e costs through	December 31	of the cost re	porting period	0	67.00
68 00	(line 12 x line 19) Title V or XIX swing-bed NF inpatient routing	e costs after [	ecember 31 of	the cost reno	rting period	0	68. 00
	(line 13 x line 20)			·	g por .ou		
69. 00	Total title V or XIX swing-bed NF inpatient   PART III - SKILLED NURSING FACILITY, OTHER NU		`			0	69. 00
70.00	Skilled nursing facility/other nursing facili						70.00
71.00	Adjusted general inpatient routine service co		ine 70 ÷ line	2)			71.00
72. 00 73. 00	Program routine service cost (line 9 x line Medically necessary private room cost applications)	,	n (line 14 v l	ine 35)			72. 00 73. 00
74. 00	Total Program general inpatient routine servi		•				74.00
75. 00	Capital -related cost allocated to inpatient	routine service	e costs (from	Worksheet B, P	art II, column		75. 00
76. 00	26, line 45)  Per diem capital-related costs (line 75 ÷ li	ne 2)					76. 00
77. 00	Program capital-related costs (line 9 x line						77. 00
	Inpatient routine service cost (line 74 minus		rovi don rocon	de)			78.00
79. 00 80. 00	Aggregate charges to beneficiaries for excess Total Program routine service costs for compa	,		· .	us line 79)		79. 00 80. 00
81.00	Inpatient routine service cost per diem limi	tati on			,		81.00
82.00	Inpatient routine service cost limitation (II						82.00
83. 00 84. 00	Reasonable inpatient routine service costs (: Program inpatient ancillary services (see in:		15)				83. 00 84. 00
85. 00	Utilization review - physician compensation		ons)				85.00
86. 00	Total Program inpatient operating costs (sum	of lines 83 th					86. 00
87. 00	PART IV - COMPUTATION OF OBSERVATION BED PASS Total observation bed days (see instructions)					2, 608	87. 00
88. 00	Adjusted general inpatient routine cost per	diem (line 27 ÷				988. 71	88. 00
89. 00	Observation bed cost (line 87 x line 88) (see	e instructions)	)			2, 578, 556	89.00

Health Financial Systems	UNI ON HOSPI	TAL, INC.		In Lie	u of Form CMS-2	2552-10
COMPUTATION OF INPATIENT OPERATING COST		Provi der		Peri od:	Worksheet D-1	
				From 09/01/2014 To 12/31/2014		
		Ti t	le XIX	Hospi tal	Cost	
Cost Center Description	Cost	Routine Cost	column 1 ÷	Total	Observation	
		(from line	column 2	Observati on	Bed Pass	
		27)		Bed Cost	Through Cost	
				(from line	(col. 3 x	
				89)	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	3, 523, 514	18, 267, 459	0. 19288	5 2, 578, 556	497, 365	90.00
91.00 Nursing School cost	0	18, 267, 459	0.00000	0 2, 578, 556	0	91.00
92.00 Allied health cost	0	18, 267, 459	0. 00000	0 2, 578, 556	0	92.00
93.00 All other Medical Education	0	18, 267, 459	0. 00000	0 2, 578, 556	0	93.00

NPATIENT ANCILLARY SERVICE COST APPORTIONMENT								
NPATI ENT ANCI LLARY SERVICE COST APPORTI ONMENT	Heal th	Financial Systems	UNION HOSPITAL.	LNC.		In Lie	u of Form CMS-2	2552-10
NPATIENT ROUTINE SERVICE COST CENTERS					CCN: 150023	Peri od:	Worksheet D-3	
NPATI ENT ROUTINE SERVICE COST CENTERS   1.00   2.00   3						To 12/31/2014	Date/Time Pre 5/27/2015 5:2	pared: 7 pm
IMPATIENT ROUTH NE SERVICE COST CENTERS   1.00   2.00   3.00				Ti tl			PPS	
INPATIENT ROUTH RE SERVICE COST CENTERS   14, 791, 743   30, 00   330, 00   3300   ADULTS & PEDI ATRIC S   14, 791, 743   31, 00   31, 00   320,		Cost Center Description				Program	Program Costs (col. 1 x	
30.00					1.00	2. 00		
31 00   03100   INTENSI VE CARE UNIT								
35. 00								1
41. 00   04300   NURSERY								
43.00								
ANCILLARY SERVICE COST CENTERS   S0. 00						0		
50. 00   05000   0FERATI NG ROOM   0. 159135   2, 227, 988   354, 551   50. 00   50. 01   05001   05001   05002   0VSC   0. 158711   4.00   6.3   50. 02   05002   05002   0VSC   0. 158711   4.00   6.3   50. 02   05002   0. 158711   4.00   6.3   50. 02   0. 158711   4.00   6.3   50. 02   0. 158711   4.00   6.3   50. 02   0. 158711   4.00   6.3   50. 02   0. 158711   4.00   6.3   50. 02   0. 158711   6.00   6.00   6.00   0. 10. 10. 10. 10. 10. 10. 10. 10. 10.	43.00						L	43.00
50. 01   05001   CARDI AC SURGERY   0. 394869   0   0   50. 01	50.00				0. 15913	35 2, 227, 988	354, 551	50.00
51. 00       05100   RECOVERY ROOM       0.733615       340, 473       249, 776       51. 00         51. 02       05101   O/P TREATMENT ROOM       1.466208       236       346       51. 02         52. 00       05200   DELIVERY ROOM & LABOR ROOM       0.470177       27, 745       13, 045   52. 00         54. 00       05400   RADI OLOGY-DI AGNOSTI C       0.345296       1, 739, 541   600, 657   54. 00         55. 00       05500   RADI OLOGY-THERAPEUTI C       0.208452       303, 963   63, 362   55. 00         56. 00       05600   RADI OLOGY-THERAPEUTI C       0.177239   163, 873   29, 045   56. 00         57. 00       05700   CT SCAN       0.052502   3, 674, 531   192, 920   57. 00         58. 00       05800   MAGNETI C RESONANCE I MAGI NG (MRI )       0.158743   578, 803   91, 881   85. 00         59. 00       05900   CARDI AC CATHETERI ZATI ON       0.265988   2, 574, 845   684, 878   59. 00         60. 00       06000   LABORATORY       0.148453   6, 926, 029   1, 028, 190   60. 00         62. 00       06200   WHOLE BLOOD & PACKED RED BLOOD CELLS       0.699903   472, 021   330, 369   62. 00         65. 00       06500   RESPI RATORY THERAPY       0.323365   807, 683   261, 176   66. 01         66. 01       06600   PHYSI CAL THERAPY       0.591401   0   0   0   66. 02         66. 02       06602   O/P PHYSI CAL THERAPY	50. 01				1			1
51. 02         05101 O/P TREATMENT ROOM         1. 466208         236         346         51. 02           52. 00         05200 DELI VERY ROOM & LABOR ROOM         0. 470177         27, 745         13, 045         52. 00           54. 00         05400 RADI OLOGY-DI AGNOSTI C         0. 345296         1, 739, 541         600, 657         54. 00           55. 00         05500 RADI OLOGY-THERAPEUTI C         0. 208452         303, 963         63, 362         55. 00           56. 00         05600 RADI OL SOTOPE         0. 177239         163, 873         29, 045         56. 00           57. 00         05700 CT SCAN         0. 052502         3, 674, 531         192, 920         57. 00           58. 00         05800 MAGNETI C RESONANCE I MAGI NG (MRI )         0. 158743         578, 803         91, 881         58. 00           59. 00         CARDI AC CATHETERI ZATI ON         0. 265988         2, 574, 845         684, 878         59. 00           60. 00         06000 LABORATORY         0. 148453         6, 926, 029         1, 028, 190         60. 00           65. 00         06500 RESPI RATORY THERAPY         0. 399287         1, 888, 698         754, 133         66. 00           66. 01         06601 PSYCHI ATTRI C/PSYCHOLOGI CAL SERVI CES         0. 0300000         0	50. 02	05002 WVSC			0. 1587	11 400	63	50. 02
52. 00         05200         DELIVERY ROOM & LABOR ROOM         0.470177         27, 745         13, 045         52. 00           54. 00         05400         RADI OLOGY-DI AGNOSTI C         0.345296         1, 739, 541         600, 657         54. 00           55. 00         05500         RADI OLOGY-THERAPEUTI C         0.208452         303, 963         63, 362         55. 00           56. 00         05600         RADI OLOGY-THERAPEUTI C         0.177239         163, 873         29, 045         56. 00           57. 00         05700         CT SCAN         0.052502         3, 674, 531         192, 920         57. 00           58. 00         05800         MAGNETI C RESONANCE I IMAGI NG (MRI)         0.158743         578, 803         91, 881         58. 00           69. 00         05900         CARDI AC CATHETERI ZATI ON         0.265988         2, 574, 845         684, 878         59. 00           60. 00         06000         LABORATORY         0.148453         6, 926, 029         1, 028, 190         60. 00           65. 00         06500         RESPI RATORY T HERAPY         0.323365         807, 683         261, 176         66. 00           66. 01         06601         PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES         0.09000         0         <	51.00	05100 RECOVERY ROOM			0. 7336	15 340, 473	249, 776	51.00
54. 00       05400 RADI OLOGY-DI AGNOSTI C       0.345296       1,739,541       600,657       54. 00         55. 00       05500 RADI OLOGY-THERAPEUTI C       0.208452       303,963       63,362       55. 00         56. 00       05600 RADI OLOGY-THERAPEUTI C       0.177239       163,873       29,045       56. 00         57. 00       05700 CT SCAN       0.052502       3,674,531       192,920       57. 00         58. 00       05800 MAGNETI C RESONANCE IMAGI NG (MRI)       0.158743       578,803       91,881       58. 00         59. 00       05900 CARDI AC CATHETERI ZATI ON       0.265988       2,574,845       684,878       59. 00         60. 00       06000 LABORATORY       0.148453       6,926,029       1,028,190       60. 00         62. 00       06200 WHOLE BLOOD & PACKED RED BLOOD CELLS       0.69903       472,021       330,369       62. 00         65. 00       06600 PHYSI CAL THERAPY       0.323365       807,683       261,176       66. 00         66. 01       06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       66. 01         66. 02       06602 O/P PHYSI CAL THERAPY       0.591401       0       0       66. 02         67. 00       06600 O       0/P PHYSI CAL THERAPY <td>51. 02</td> <td></td> <td></td> <td></td> <td>1. 46620</td> <td></td> <td></td> <td>51.02</td>	51. 02				1. 46620			51.02
55. 00       05500 RADI OLOGY-THERAPEUTI C       0. 208452 0.0 208452       303, 963 2.9 55. 00       55. 00       56. 00 0.5600 RADI OI SOTOPE       0. 177239 163, 873 2.9, 045 56. 00       56. 00       56. 00       57. 00 0.5700 CT SCAN       0. 052502 3, 674, 531 192, 920 57. 00       57. 00       57. 00 0.5700 CT SCAN       0. 052502 3, 674, 531 192, 920 57. 00       57. 00       58. 00 0.5800 MAGNETI C RESONANCE I MAGI NG (MRI )       0. 158743 578, 803 91, 881 58. 00       91. 881 58. 00       59. 00       0. 265988 2, 574, 845 684, 878 59. 00       60. 00 0.5000 LABORATORY       0. 148453 6, 926, 029 1, 028, 190 60. 00       60. 00       60. 00 0.000 LABORATORY       0. 148453 6, 926, 029 1, 028, 190 60. 00       60. 00       60. 00 0.000 LABORATORY THERAPY       0. 399287 1, 888, 698 754, 133 65. 00       60. 00       66. 00 0.6500 RESPI RATORY THERAPY       0. 399287 1, 888, 698 754, 133 65. 00       66. 00       66. 01 0.6601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 0000000 0       0 0. 06000 0       0. 66. 01       66. 01 0.6601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 0000000 0       0 0. 06000 0       0. 66. 02       66. 02       66. 02       0. 591401 0       0 0. 06000 0       0. 66. 02       66. 02       66. 02       0. 591401 0       0 0. 06000 0       0. 66. 02       67. 00       0. 9000 0       0. 900 0       68. 00       0. 900 0       0. 196105 397, 636 77, 978 67. 00       0. 000000 0       0. 000000 0       0. 000000 0 <t< td=""><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td></t<>					1			
56. 00       05600       RADI OI SOTOPE       0. 177239       163, 873       29, 045       56. 00         57. 00       05700       CT SCAN       0. 052502       3, 674, 531       192, 920       57. 00         58. 00       05800       MAGNETI C RESONANCE I MAGI NG (MRI)       0. 158743       578, 803       91, 881       58. 00         59. 00       05900       CARDI AC CATHETERI ZATI ON       0. 265988       2, 574, 845       684, 878       59. 00         60. 00       06000       LABORATORY       0. 148453       6, 926, 029       1, 028, 190       60. 00         62. 00       06200       WHOLE BLOOD & PACKED RED BLOOD CELLS       0. 699903       472, 021       330, 369       62. 00         65. 00       06500       RESPI RATORY THERAPY       0. 399287       1, 888, 698       754, 133       65. 00         66. 00       06600       PHYSI CAL THERAPY       0. 323365       807, 683       261, 176       66. 00         66. 02       06602       O/P PHYSI CAL THERAPY       0. 591401       0       0       66. 01         67. 00       06700       OCCUPATI ONAL THERAPY       0. 196105       397, 636       77. 978       67. 00         69. 01       06900       ELECTROCARDI OLOGY       0.								
57. 00       05700       CT SCAN       0.052502       3,674,531       192,920       57. 00         58. 00       05800       MAGNETI C RESONANCE IMAGING (MRI)       0.158743       578,803       91,881       58.00         59. 00       05900       CARDI AC CATHETERI ZATI ON       0.265988       2,574,845       684,878       59.00         60. 00       06000       LABORATORY       0.148453       6,926,029       1,028,190       60.00       66.029       1,028,190       60.00       62.00       65.00       66.99903       472,021       330,369       62.00       62.00       65.00       06500       RESPI RATORY THERAPY       0.399287       1,888,698       754,133       65.00       66.00       66.00       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0.66.01       66.01       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       66.02       66.02       66.02       OF9 PHYSI CAL THERAPY       0.591401       0       0       66.02       66.02       OF9 PHYSI CAL THERAPY       0.196105       397,636       77,978       67.00       68.00       O6900       DEECH PATHOLOGY       0.349017       147,127       51,350       68.00       69.01       O6900       ELECTROCARDI OLOGY       0.740322 <t< td=""><td></td><td></td><td></td><td></td><td>1</td><td></td><td></td><td></td></t<>					1			
58. 00       05800 MAGNETI C RESONANCE I MAGI NG (MRI )       0. 158743       578, 803       91, 881       58. 00         59. 00       05900 CARDI AC CATHETERI ZATI ON       0. 265988       2, 574, 845       684, 878       59. 00         60. 00       06000 LABORATORY       0. 148453       6, 926, 029       1, 028, 190       60. 00         62. 00       06200 WHOLE BLOOD & PACKED RED BLOOD CELLS       0. 699903       472, 021       330, 369       62. 00         65. 00       06500 RESPI RATORY THERAPY       0. 399287       1, 888, 698       754, 133       65. 00         66. 01       06601 PHYSI CAL THERAPY       0. 323365       807, 683       261, 176       66. 00         66. 02       06602 0/P PHYSI CAL THERAPY       0. 591401       0       0       66. 01         68. 00       06700 0 CCUPATI ONAL THERAPY       0. 196105       397, 636       77, 978       67. 00         68. 00       06800 SPEECH PATHOLOGY       0. 349017       147, 127       51, 350       68. 00         69. 01       06900 ELECTROCARDI OLOGY       0. 349017       147, 127       51, 350       68. 00         69. 01       06901 CARDI AC REHAB       0. 740322       42, 902       31, 761       69. 01         70. 00       07000 ELECTROCARDI CAL SUPP					1			
59. 00       05900 CARDI AC CATHETERI ZATI ON       0. 265988       2, 574, 845       684, 878       59. 00         60. 00       06000 LABORATORY       0. 148453       6, 926, 029       1, 028, 190       60. 00         62. 00       06200 WHOLE BLOOD & PACKED RED BLOOD CELLS       0. 699903       472, 021       330, 369       62. 00         65. 00       06500 RESPI RATORY THERAPY       0. 399287       1, 888, 698       754, 133       65. 00         66. 01       06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 000000       0       0       66. 01         66. 02       06602 O/P PHYSI CAL THERAPY       0. 591401       0       0       66. 02         67. 00       06700 OCCUPATI ONAL THERAPY       0. 196105       397, 636       77, 978       67. 00         68. 00       06800 SPEECH PATHOLOGY       0. 349017       147, 127       51, 350       68. 00         69. 01       06901 CARDI AC REHAB       0. 740322       42, 902       31, 761       69. 01         71. 00       07000 ELECTROENCEPHALOGRAPHY       0. 470239       193, 769       91, 118       70. 00         72. 00       07200 IMPL. DEV. CHARGED TO PATI ENTS       0. 621681       0       0       71. 00         73. 00       07300 DRUGS CHARGED TO PATI ENTS <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>1</td>								1
60. 00       06000 LABORATORY       0. 148453       6, 926, 029       1, 028, 190       60. 00         62. 00       06200 WHOLE BLOOD & PACKED RED BLOOD CELLS       0. 699903       472, 021       330, 369       62. 00         65. 00       06500 RESPI RATORY THERAPY       0. 399287       1, 888, 698       754, 133       65. 00         66. 00       06600 PHYSI CAL THERAPY       0. 323365       807, 683       261, 176       66. 00         66. 01       06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0. 000000       0       0       66. 01         66. 02       06602 O/P PHYSI CAL THERAPY       0. 591401       0       0       66. 02         67. 00       06700 OCCUPATI ONAL THERAPY       0. 196105       397, 636       77, 978       67. 00         68. 00       06800 SPEECH PATHOLOGY       0. 349017       147, 127       51, 350       68. 00         69. 01       06901 CARDI AC REHAB       0. 740322       42, 902       31, 761       69. 01         70. 00       07000 ELECTROENCEPHALOGRAPHY       0. 470239       193, 769       91, 118       70. 00         71. 00       07100 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0. 621681       0       0       0       72. 00         73. 00       07300 DRUGS CHARGED TO								
62. 00   06200   WHOLE BLOOD & PACKED RED BLOOD CELLS   0. 699903   472, 021   330, 369   62. 00   65. 00   06500   RESPIRATORY THERAPY   0. 399287   1, 888, 698   754, 133   65. 00   66. 00   06600   PHYSI CAL THERAPY   0. 323365   807, 683   261, 176   66. 00   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0. 000000   0   0   06. 01   066. 01   06700   00   00   00   00   00   00								
65. 00       06500       RESPI RATORY THERAPY       0.399287       1,888,698       754,133       65. 00         66. 00       06600       PHYSI CAL THERAPY       0.323365       807,683       261,176       66. 00         66. 01       06601       PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES       0.000000       0       0       66. 01         67. 00       06002       O/P PHYSI CAL THERAPY       0.591401       0       0       66. 02         68. 00       06700       OCCUPATI ONAL THERAPY       0.196105       397,636       77,978       67. 00         68. 00       06800       SPEECH PATHOLOGY       0.349017       147,127       51,350       68. 00         69. 01       06900       ELECTROCARDI OLOGY       0.204655       2,229,329       456,243       69. 00         69. 01       06901       CARDI AC REHAB       0.740322       42,902       31,761       69. 01         70. 00       07000       ELECTROENCEPHALOGRAPHY       0.470239       193,769       91,118       70. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0.621681       0       0       0       72. 00         73. 00       07300       DRUGS CHARGED TO PATI ENTS       0.248221       1					1			1
66. 00   06600   PHYSI CAL THERAPY   0.323365   807, 683   261, 176   66. 00   66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0.000000   0   0   66. 01   66. 02   06602   0/P PHYSI CAL THERAPY   0.591401   0   0   0   66. 02   67. 00   06700   0CCUPATI ONAL THERAPY   0.196105   397, 636   77, 978   67. 00   68. 00   06800   SPECH PATHOLOGY   0.349017   147, 127   51, 350   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0.204655   2, 229, 329   456, 243   69. 00   69. 01   06901   CARDI AC REHAB   0.740322   42, 902   31, 761   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   0.630967   0.630967   0.71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0.621681   0   0.72. 00   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0.248221   11, 776, 728   2, 923, 231   73. 00   76. 00   03020   RENAL ACUTE   0.558635   638, 857   356, 888   76. 00   0.000000000000000000000000000000								1
66. 01   06601   PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES   0.000000   0   0   66. 01   66. 02   06602   0/P PHYSI CAL THERAPY   0.591401   0   0   66. 02   67. 00   06700   0CCUPATI ONAL THERAPY   0.196105   397, 636   77, 978   67. 00   68. 00   06800   SPEECH PATHOLOGY   0.349017   147, 127   51, 350   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0.204655   2, 229, 329   456, 243   69. 00   69. 01   06901   CARDI AC REHAB   0.740322   42, 902   31, 761   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   0.470239   193, 769   91, 118   70. 00   71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATI ENTS   0.630967   0   0   72. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATI ENTS   0.621681   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATI ENTS   0.248221   11, 776, 728   2, 923, 231   73. 00   76. 00   03020   RENAL ACUTE   0.558635   638, 857   356, 888   76. 00								1
67. 00 06700 OCCUPATI ONAL THERAPY 0. 196105 397, 636 77, 978 67. 00 68. 00 06800 SPEECH PATHOLOGY 0. 349017 147, 127 51, 350 68. 00 69. 00 06900 ELECTROCARDI OLOGY 0. 204655 2, 229, 329 456, 243 69. 00 69. 01 06901 CARDI AC REHAB 0. 740322 42, 902 31, 761 69. 01 70. 00 07000 ELECTROENCEPHALOGRAPHY 0. 470239 193, 769 91, 118 70. 00 71. 00 MEDI CAL SUPPLIES CHARGED TO PATI ENTS 0. 630967 0 0 71. 00 72. 00 72. 00 1MPL. DEV. CHARGED TO PATI ENTS 0. 621681 0 0 0 72. 00 73. 00 07300 DRUGS CHARGED TO PATI ENTS 0. 248221 11, 776, 728 2, 923, 231 73. 00 76. 00 03020 RENAL ACUTE 0. 558635 638, 857 356, 888 76. 00	66. 01							1
68. 00   06800   SPEECH PATHOLOGY   0.349017   147, 127   51, 350   68. 00   69. 00   06900   ELECTROCARDI OLOGY   0.204655   2, 229, 329   456, 243   69. 00   69. 01   06901   CARDI AC REHAB   0.740322   42, 902   31, 761   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   0.470239   193, 769   91, 118   70. 00   71. 00   72. 00   07200   IMPL. DEV. CHARGED TO PATIENTS   0.630967   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0.248221   11, 776, 728   2, 923, 231   73. 00   76. 00   03020   RENAL ACUTE   0.558635   638, 857   356, 888   76. 00	66. 02	06602 O/P PHYSI CAL THERAPY			0. 59140	01 0	0	66. 02
69. 00   06900   ELECTROCARDI OLOGY   0. 204655   2, 229, 329   456, 243   69. 00   69. 01   06901   CARDI AC REHAB   0. 740322   42, 902   31, 761   69. 01   70. 00   07000   ELECTROENCEPHALOGRAPHY   0. 470239   193, 769   91, 118   70. 00   71. 00   71. 00   72. 00   IMPL. DEV. CHARGED TO PATIENTS   0. 621681   0   0   0   72. 00   72. 00   07300   DRUGS CHARGED TO PATIENTS   0. 248221   11, 776, 728   2, 923, 231   73. 00   76. 00   03020   RENAL ACUTE   0. 558635   638, 857   356, 888   76. 00   76	67.00	06700 OCCUPATI ONAL THERAPY			0. 19610	397, 636	77, 978	67.00
69. 01       06901       CARDI AC REHAB       0.740322       42, 902       31, 761       69. 01         70. 00       07000       ELECTROENCEPHALOGRAPHY       0.470239       193, 769       91, 118       70. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0.630967       0       0       71. 00         72. 00       07200       I MPL. DEV. CHARGED TO PATIENTS       0.621681       0       0       72. 00         73. 00       07300       DRUGS CHARGED TO PATIENTS       0.248221       11, 776, 728       2, 923, 231       73. 00         76. 00       03020       RENAL ACUTE       0.558635       638, 857       356, 888       76. 00	68.00	06800 SPEECH PATHOLOGY			0. 3490	147, 127	51, 350	68. 00
70. 00       07000       ELECTROENCEPHALOGRAPHY       0. 470239       193, 769       91, 118       70. 00         71. 00       07100       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0. 630967       0       0       71. 00         72. 00       07200       I MPL. DEV. CHARGED TO PATIENTS       0. 621681       0       0       0       72. 00         73. 00       07300       DRUGS CHARGED TO PATIENTS       0. 248221       11, 776, 728       2, 923, 231       73. 00         76. 00       03020       RENAL ACUTE       0. 558635       638, 857       356, 888       76. 00					1			
71. 00   07100   MEDI CAL SUPPLIES CHARGED TO PATIENTS   0. 630967   0   0   71. 00   72. 00   73. 00   07300   MPL. DEV. CHARGED TO PATIENTS   0. 621681   0   0   72. 00   73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 248221   11, 776, 728   2, 923, 231   73. 00   76. 00   03020   RENAL ACUTE   0. 558635   638, 857   356, 888   76. 00   71. 00   72. 00   73.					1			
72. 00       07200       I MPL. DEV. CHARGED TO PATIENTS       0.621681       0       0       72. 00         73. 00       07300       DRUGS CHARGED TO PATIENTS       0.248221       11, 776, 728       2, 923, 231       73. 00         76. 00       03020       RENAL ACUTE       0.558635       638, 857       356, 888       76. 00					1	·		1
73. 00   07300   DRUGS CHARGED TO PATIENTS   0. 248221   11, 776, 728   2, 923, 231   73. 00   76. 00   03020   RENAL ACUTE   0. 558635   638, 857   356, 888   76. 00					1		-	
76. 00 03020 RENAL ACUTE 0. 558635 638, 857 356, 888 76. 00							_	
					1			
	70.00				J 0. 0586.	oo, 857	330,888	70.00

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91.00

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201. 00 202. 00

535

9, 195, 492 200. 00

551, 996

90. 00 09000 CLINIC

91. 00 09100 EMERGENCY

90.07

200.00

201. 00 202. 00

90. 05 09005 PATIENT NUTRITION

09007 WOUND CLINIC

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

Total (sum of lines 50-94 and 96-98)

Less PBP Clinic Laboratory Services-Program only charges (line 61) Net Charges (line 200 minus line 201)

Heal th	Financial Systems UNION HOSPITAL, I	NC.		In Lie	u of Form CMS-	2552-10
			CCN: 150023	Peri od:	Worksheet D-3	
			0011 457000	From 09/01/2014	5	
		Component	CCN: 15T023	To 12/31/2014	Date/Time Pre 5/27/2015 5: 2	epared:
		Ti tl	e XVIII	Subprovi der -	PPS	. / PIII
				I RF		
	Cost Center Description		Ratio of Cos	•	Inpatient	
			To Charges	Program	Program Costs	
				Charges	(col. 1 x col. 2)	
			1. 00	2. 00	3.00	
	INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDI ATRI CS			0		30.00
31.00	03100 I NTENSI VE CARE UNI T			0		31.00
35. 00	02040 I NTENSI VE NURSERY			0		35.00
41.00	04100 SUBPROVI DER - I RF			755, 091		41.00
43.00	04300 NURSERY					43.00
50. 00	ANCILLARY SERVICE COST CENTERS  05000 OPERATING ROOM		0. 1591	35 28	4	50.00
50. 00	05001 CARDI AC SURGERY		0. 1341		0	
50. 02	05002 WVSC		0. 1587		Ö	
51.00	05100 RECOVERY ROOM		0. 7336		311	51.00
51. 02	05101 0/P TREATMENT ROOM		1. 4662		0	1
52.00	05200 DELIVERY ROOM & LABOR ROOM		0. 4701		0	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 3452	96 19, 089	6, 591	54.00
55.00	05500 RADI OLOGY-THERAPEUTI C		0. 2084		0	55.00
56. 00	05600 RADI 0I S0T0PE		0. 1772		161	1
57. 00	05700 CT SCAN		0. 0525		847	
58.00	05800 MAGNETIC RESONANCE I MAGING (MRI)		0. 1587		508	
59. 00 60. 00	05900   CARDI AC   CATHETERI ZATI ON   06000   LABORATORY		0. 2659 0. 1484		11 (02	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 1484		11, 683 2, 835	
65.00	06500 RESPI RATORY THERAPY		0. 3992		14, 745	
66.00	06600 PHYSI CAL THERAPY		0. 3233		119, 380	
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0. 0000		0	
66. 02	06602 O/P PHYSI CAL THERAPY		0. 5914		0	66. 02
67.00	06700 OCCUPATI ONAL THERAPY		0. 1961	339, 335	66, 545	67.00
68.00	06800 SPEECH PATHOLOGY		0. 3490		28, 826	•
69. 00	06900 ELECTROCARDI OLOGY		0. 2046		3, 271	69.00
69. 01	06901 CARDI AC REHAB		0. 7403		0	
70.00	07000 ELECTROENCEPHALOGRAPHY		0. 4702	·	3, 758	
71. 00 72. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 6309		0	
72.00	07200 I MPL. DEV. CHARGED TO PATIENTS 07300 DRUGS CHARGED TO PATIENTS		0. 6216 0. 2482		64, 683	1
76.00	03020 RENAL ACUTE		0. 5586		9, 894	
70.00	OUTPATIENT SERVICE COST CENTERS		0.0000	30 17,711	7,071	70.00
90.00	09000 CLI NI C		0.0000	00 00	0	90.00
90.05	09005 PATIENT NUTRITION		2. 3406		0	1
90. 07	09007 WOUND CLINIC		0. 3797	58 0	0	90. 07
91.00	09100 EMERGENCY		0. 1383		872	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0. 3385		0	
200.00				1, 259, 152	334, 914	1
201.00		ine 61)		1 250 152		201.00
202.00	Net Charges (line 200 minus line 201)		I	1, 259, 152	I	202. 00

	Financial Systems UNION HOSPITAL,		00N 450005		u of Form CMS-1	
INPATI	ENT ANCILLARY SERVICE COST APPORTIONMENT	Provi der	CCN: 150023	Period: From 09/01/2014	Worksheet D-3	3
				To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		Ti t	le XIX	Hospi tal	Cost	
	Cost Center Description		Ratio of Cos		I npati ent	
			To Charges	3	Program Costs	
				Charges	(col . 1 x	
			1 00	2.00	col . 2)	
	INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2. 00	3. 00	
30. 00	03000 ADULTS & PEDIATRICS			1, 505, 115		30.00
31.00	03100 INTENSIVE CARE UNIT			668, 060		31.00
35. 00	02040 I NTENSI VE VAILE GIVET			413, 311		35.00
41.00	04100 SUBPROVI DER - I RF			101, 000		41.00
43.00	04300 NURSERY			86, 428		43.00
.0.00	ANCILLARY SERVICE COST CENTERS		1	00/120		1 .0.00
50.00	05000 OPERATI NG ROOM		0. 1591	35 1, 926, 288	306, 540	50.00
50. 01	05001 CARDI AC SURGERY		0. 3948		2, 030	
50.02	05002 WVSC		0. 1587		0	50.02
51.00	05100 RECOVERY ROOM		0. 7336	15 36, 233	26, 581	51.00
51.02	05101  O/P TREATMENT ROOM		1. 4662	08 76, 749	112, 530	51.02
52.00	05200 DELIVERY ROOM & LABOR ROOM		0. 4701	77 98, 057	46, 104	52.00
54.00	05400 RADI OLOGY-DI AGNOSTI C		0. 3451	· ·		
55.00	05500 RADI OLOGY-THERAPEUTI C		0. 2084		8, 746	
56.00	05600 RADI OI SOTOPE		0. 1772	· ·	2, 874	
57.00	05700 CT SCAN		0. 0525		24, 285	
58. 00	05800 MAGNETIC RESONANCE IMAGING (MRI)		0. 1587	·	11, 204	
59.00	05900 CARDI AC CATHETERI ZATI ON		0. 2659		49, 249	
60.00	06000 LABORATORY		0. 1469	·	121, 879	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0. 6999		30, 998	
65. 00 66. 00	06500   RESPI RATORY THERAPY   06600   PHYSI CAL THERAPY		0. 3992 0. 3233	·	105, 405 27, 934	
66. 01	06601 PSYCHI ATRI C/PSYCHOLOGI CAL SERVI CES		0. 3233		27, 934	
66. 02	06602 0/P PHYSI CAL THERAPY		0. 5914		0	66. 02
67. 00	06700 OCCUPATI ONAL THERAPY		0. 1961		14, 010	
68.00	06800 SPEECH PATHOLOGY		0. 3490		12, 216	
69. 00	06900 ELECTROCARDI OLOGY		0. 2046	·	41, 167	
69. 01	06901 CARDI AC REHAB		0. 7403		1, 923	
70.00	07000 ELECTROENCEPHALOGRAPHY		0. 4702	·	8, 165	
71. 00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		0. 6309		66, 712	
72. 00	07200 IMPL. DEV. CHARGED TO PATIENTS		0. 6216	·	62, 983	
73.00	07300 DRUGS CHARGED TO PATIENTS		0. 2482		419, 216	1
76.00	03020 RENAL ACUTE		0. 5586	35 32, 096	17, 930	76. 00
	OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLI NI C		0.0000		0	
90.05	09005 PATIENT NUTRITION		2. 2973		0	
	09007 WOUND CLINIC		0. 3797		188	
	09100 EMERGENCY		0. 1383	· ·	64, 370	
92 NN	109200 ORSERVATION REDS (NON-DISTINCT PART)		0 3385	44 0	l n	92 00

2. 297350 0. 379758 0. 138304 0. 338544

7, 054, 606

0

1, 650, 915 200. 00

90.07 91. 00 92. 00

201. 00 202. 00

200. 00 201. 00

202.00

92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)

Total (sum of lines 50-94 and 96-98)
Less PBP Clinic Laboratory Services-Program only charges (line 61)
Net Charges (line 200 minus line 201)

	often October 1 (con instructions)	13, 926, 921	
	after October 1 (see instructions)  DRG for federal specific operating payment for Model 4 BPCI for	0	1.03
	discharges occurring prior to October 1 (see instructions)		1.03
1	DRG for federal specific operating payment for Model 4 BPCI for	0	1.04
	discharges occurring on or after October 1 (see instructions)		
	Outlier payments for discharges. (see instructions)	172, 366	2.00
	Outlier reconciliation amount	0	2.01
1	Outlier payment for discharges for Model 4 BPCI (see instructions)	o	2.02
1	Managed Care Simulated Payments	1, 678, 177	3.00
	Bed days available divided by number of days in the cost reporting	227. 59	4.00
	period (see instructions)		
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent	12. 22	5.00
	cost reporting period ending on or before 12/31/1996. (see instructions)		
6.00	FTE count for allopathic and osteopathic programs which meet the	0.00	6.00
	criteria for an add-on to the cap for new programs in accordance with 42		
	CFR 413.79(e)		
	MMA Section 422 reduction amount to the IME cap as specified under 42	0.00	7.00
	CFR §412. 105(f)(1)(i v)(B)(1)		
	ACA Section 5503 reduction amount to the IME cap as specified under 42	0.00	7. 01
	CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011		
	then see instructions.		
8. 00	Adjustment (increase or decrease) to the FTE count for allopathic and	0.00	8.00
	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).		
8. 01	The amount of increase if the hospital was awarded FTE cap slots under	0.00	8. 01
	section 5503 of the ACA. If the cost report straddles July 1, 2011, see		
0.00	instructions.	0.00	0.00
	The amount of increase if the hospital was awarded FTE cap slots from a	0.00	8. 02
	closed teaching hospital under section 5506 of ACA. (see instructions)	12.22	9.00
	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01)	12. 22	9.00
	and 8,02) (see instructions)	21. 00	10.00
	FTE count for allopathic and osteopathic programs in the current year	21.00	10.00
	from your records FTE count for residents in dental and podiatric programs.	0.00	11.00
	Current year allowable FTE (see instructions)	12. 22	
	Total allowable FTE count for the prior year.	12. 22	
	Total allowable FTE count for the penultimate year if that year ended on	12. 22	
	or after September 30, 1997, otherwise enter zero.	12. 22	14.00
1	Sum of lines 12 through 14 divided by 3.	12. 22	15. 00
	Adjustment for residents in initial years of the program	0.00	
	Adjusment for residents in the years of the program  Adjusment for residents displaced by program or hospital closure	0. 00	
1	Adjusted rolling average FTE count	12. 22	18. 00
	Current year resident to bed ratio (line 18 divided by line 4).	0. 053693	19.00
1	Prior year resident to bed ratio (see instructions)	0. 045306	20.00
	Enter the lesser of lines 19 or 20 (see instructions)	0. 045306	21. 00
	IME payment adjustment (see instructions)	488, 317	22.00
1	IME payment adjustment - Managed Care (see instructions)	100, 317	
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the		22.01
	Number of additional allopathic and osteopathic IME FTE resident cap	8. 45	23.00
	slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.43	25.00
	IME FTE Resident Count Over Cap (see instructions)	8. 78	24. 00
	If the amount on line 24 is greater than -0-, then enter the lower of	8. 45	
	line 23 or line 24 (see instructions)	0. 43	25.00
1	Resident to bed ratio (divide line 25 by line 4)	0. 037128	26. 00
	IME payments adjustment factor. (see instructions)	0. 009817	27.00
1	IME add-on adjustment amount (see instructions)	196, 114	28.00
1	IME add-on adjustment amount (see instructions)	170, 114	28. 01
	Total IME payment ( sum of lines 22 and 28)	684, 431	29.00
	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)	0	
	Di sproporti onate Share Adjustment		27.01
	Percentage of SSI recipient patient days to Medicare Part A patient days	5. 35	30.00
30.00	(see instructions)	3. 33	
31. 00	Percentage of Medicaid patient days (see instructions)	21. 59	31.00
1	Sum of lines 30 and 31	26. 94	
	Allowable disproportionate share percentage (see instructions)	11. 44	
1		1 11.77	
33. 00	Disproportionate share adjustment (see instructions)	523 345	1 34 00
33. 00	Disproportionate share adjustment (see instructions)	523, 345	34.00

CALCUL	ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150023	Period: From 09/01/2014	Worksheet E Part A	
			To 12/31/2014	Date/Time Pre	pared:
-		Title XVIII	Hospi tal	5/27/2015 5: 2 PPS	:/ pm
			Prior to	On/After	
			October 1	October 1	
	Uncompensated Care Adjustment	0	1. 00	2. 00	
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. 000463797	0. 000462085	1
35. 02	Hospital uncompensated care payment (If line 34 is zero,		4, 195, 684	3, 533, 862	35. 02
35. 03	enter zero on this line) (see instructions) Pro rata share of the hospital uncompensated care payment		344, 852	890, 728	35. 03
00.00	amount (see instructions)		011,002	0,0,720	00.00
36. 00	Total uncompensated care (sum of columns 1 and 2 on line		1, 235, 580		36.00
	35.03) Additional payment for high percentage of ESRD beneficiary di	scharges (lines 40 through	ab 44)		-
40. 00	Total Medicare discharges on Worksheet S-3, Part I	scharges (Tries 40 throu	911 46)		40.00
	excluding discharges for MS-DRGs 652, 682, 683, 684 and				
	685 (see instructions)				
41. 00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
41. 01	Total ESRD Medicare covered and paid discharges excluding		0		41.01
	MS-DRGs 652, 682, 683, 684 an 685. (see instructions)				
42.00	Divide line 41 by line 40 (if less than 10%, you do not		0. 00		42.00
43. 00	qualify for adjustment)   Total Medicare ESRD inpatient days excluding MS-DRGs 652,		0		43.00
43.00	682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43		0.000000		44.00
45 00	divided by line 41 divided by 7 days)				45.00
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		0		46.00
	41. 01)				
47. 00	Subtotal (see instructions)		20, 914, 508		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		20, 914, 508		49.00
	instructions)				
50. 00	Payment for inpatient program capital (from Wkst. L, Pt. I		1, 660, 063		50.00
51. 00	and Pt. II, as applicable) Exception payment for inpatient program capital (Wkst. L,		0		51.00
31.00	Pt. III, see instructions)				31.00
52.00	Direct graduate medical education payment (from Wkst. E-4,		269, 456		52.00
53. 00	line 49 see instructions). Nursing and Allied Health Managed Care payment		10, 977		53.00
54. 00	Special add-on payments for new technologies		10, 477		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1,		0	•	55.00
F/ 00	line 69)				F. 00
56. 00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57. 00	Routine service other pass through costs (from Wkst. D,		0		57.00
	Pt. III, column 9, lines 30 through 35).				
58. 00	Ancillary service other pass through costs from Wkst. D,		46, 126		58.00
59. 00	Pt. IV, col. 11 line 200) Total (sum of amounts on lines 49 through 58)		22, 901, 130		59.00
60.00	Pri mary payer payments		0		60.00
61. 00	Total amount payable for program beneficiaries (line 59		22, 901, 130		61.00
62. 00	minus line 60)		1, 837, 376		62.00
62.00	Deductibles billed to program beneficiaries  Coinsurance billed to program beneficiaries		1, 837, 376		63.00
64. 00	Allowable bad debts (see instructions)		236, 938		64.00
65. 00	Adjusted reimbursable bad debts (see instructions)		154, 010		65.00
66. 00	Allowable bad debts for dual eligible beneficiaries (see		51, 314		66.00
67. 00	instructions) Subtotal (line 61 plus line 65 minus lines 62 and 63)		21, 199, 524		67.00
68. 00	Credits received from manufacturers for replaced devices		0	•	68.00
	for applicable to MS-DRGs (see instructions)				
69. 00	Outlier payments reconciliation (sum of lines 93, 95 and		0		69.00
70. 00	96). (For SCH see instructions) 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		0		70. 89
70. 90	instructions) HSP bonus payment HVBP adjustment amount (see		_		70. 90
70.90	instructions)				10.90
70. 91	HSP bonus payment HRR adjustment amount (see instructions)		0		70. 91
70. 92	1		0		70. 92
70. 93 70. 94	HVBP payment adjustment amount (see instructions) HRR adjustment amount (see instructions)		38, 908 -124, 612		70. 93 70. 94
	Recovery of accel erated depreciation		-124, 612		70. 94
				I	1 . 5. 70

	Financial Systems UNION HOSPITA ATION OF REIMBURSEMENT SETTLEMENT	Provi der CCN: 150023	Peri od:	eu of Form CMS-	2552-10
JALCUL	ATTON OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150023	From 09/01/2014	Worksheet E 4 Part A	
			To 12/31/201		
		Title XVIII	Hospi tal	PPS	-
			Prior to	On/After	
			October 1	October 1	
		0	1. 00	2. 00	
70. 96	(Enter in column 0 the corresponding federal year for the		0	O	70. 96
	period prior to 10/1)				
70. 97	Low volume adjustment for federal fiscal year (yyyy)		0	0	70. 97
	(Enter in column O the corresponding federal year for the				
	period ending on or after 10/1)				
70. 98				0	70. 98
	HAC adjustment amount (see instructions)		170, 79		70. 99
	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20, 943, 02	3	71.00
	Sequestration adjustment (see instructions)		418, 86	1	71.01
	Interim payments		20, 159, 45	2	72.00
	Tentative settlement (for contractor use only)			0	73.00
74. 00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		364, 71!		74.00
75. 00	Protested amounts (nonallowable cost report items) in		1, 534, 95	1	75.00
	accordance with CMS Pub. 15-2, chapter 1, §115.2				
	TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)				
90. 00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)				90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2			o	91.00
92. 00	Operating outlier reconciliation adjustment amount (see instructions)			D	92.00
93. 00	Capital outlier reconciliation adjustment amount (see instructions)				93.00
94. 00	The rate used to calculate the time value of money (see		0.00		94.00
	instructions)				
95. 00	Time value of money for operating expenses (see				95.00
	instructions)				
96. 00	Time value of money for capital related expenses (see				96. 00
	i nstructi ons)		Dr. or to 10/1	0n/After 10/1	
			1.00	0n/After 10/1 2.00	
	HSP Bonus Payment Amount		1.00	2.00	
100 00	HSP bonus amount (see instructions)			ol c	100.00
100.00	HVBP Adjustment for HSP Bonus Payment		'	) .	1100.00
101 00	HVBP adjustment factor (see instructions)				101.00
	HVBP adjustment amount for HSP bonus payment (see instruction	ns)			101.00
102.00	HRR Adjustment for HSP Bonus Payment	13)		7	1102.00
103 00	HRR adjustment factor (see instructions)		0.000	0 0000	103.00
	HRR adjustment amount for HSP bonus payment (see instructions)		0.000	J 0. 000C	1,00,00

| Peri od: | Worksheet E | From 09/01/2014 | Part A Exhibit 4 | To 12/31/2014 | Date/Time Prepared: Health Financial Systems

LOW VOLUME CALCULATION EXHIBIT 4 Provi der CCN: 150023

					To	12/31/2014	Date/Time Pre 5/27/2015 5:2	
					e XVIII	Hospi tal	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Peri od On/After 10/01	Total (Col 2 through 4)	
1.00	DDO	0	1. 00	2. 00	3.00	4. 00	5. 00	1 00
1. 00	DRG amounts other than outlier payments	1. 00	0	0	0	0	0	1.00
1. 01	DRG amounts other than outlier payments for discharges occurring prior to October 1	1. 01	4, 371, 865	O	4, 371, 865	0	4, 371, 865	1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October	1. 02	13, 926, 921	0	0	13, 926, 921	13, 926, 921	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0	0	0	0	1. 03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0	o	0	0	0	1. 04
2. 00	Outlier payments for discharges (see instructions)	2. 00	172, 366	0	42, 361	130, 004	172, 365	2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	0	0	0	2. 01
3. 00	Operating outlier reconciliation	2. 01	0	0	0	0	0	3. 00
4. 00	Managed care simulated payments	3. 00	1, 678, 177	0	502, 317	1, 175, 860	1, 678, 177	4.00
5. 00	Indirect Medical Education Adju Amount from Worksheet E, Part	ustment 21.00	0. 045306	0. 045306	0. 045306	0. 045306		5.00
6. 00	A, line 21 (see instructions)  IME payment adjustment (see	22. 00	488, 317	0. 043300	119, 145	369, 172	488, 317	6. 00
6. 01	instructions) IME payment adjustment for	22. 01	0	0	0	0	0	6. 01
	managed care (see instructions)		- A-1-1 C		- L - AAAA A			
7. 00	Indirect Medical Education Adjustment factor	27.00	0. 009817	0. 009817	0. 009817	0. 009817		7.00
8. 00	(see instructions) IME adjustment (see	28. 00	196, 114	0	47, 850	148, 264	196, 114	8. 00
8. 01	instructions) IME payment adjustment add on for managed care (see	28. 01	0	0	0	0	0	8. 01
9. 00	instructions) Total IME payment (sum of lines 6 and 8)	29. 00	684, 431	0	166, 995	517, 436	684, 431	9. 00
9. 01	Total IME payment for managed care (sum of lines 6.01 and	29. 01	0	0	0	0	0	9. 01
	8. 01)							
10. 00	Disproportionate Share Adjustm Allowable disproportionate	ant 33. 00	0. 1144	0. 1144	0. 1144	0. 1144		10.00
	share percentage (see instructions)							
11. 00	Disproportionate share adjustment (see instructions)	34. 00	523, 345		125, 035	398, 310	523, 345	
11. 01	Uncompensated care payments  Additional payment for high pe	36.00	1,235,580		344, 852	890, 728	1, 235, 580	11. 01
12. 00	Total ESRD additional payment	46. 00	0	0 0	0	0	0	12.00
13.00	(see instructions) Subtotal (see instructions)	47. 00	20, 914, 508	0	5, 051, 108	15, 863, 400	20, 914, 508	
14. 00	Hospital specific payments (completed by SCH and MDH, small rural hospitals only.) (see instructions)	48. 00	0	0	O	0	0	14. 00
15. 00	Total payment for inpatient operating costs (see instructions)	49. 00	20, 914, 508	O	5, 051, 108	15, 863, 400	20, 914, 508	15. 00
16. 00	Payment for inpatient program capital	50. 00	1, 660, 063	0	395, 983	1, 264, 080	1, 660, 063	16. 00
17. 00	Special add-on payments for new technologies	54. 00	0	0	0	0	0	17. 00
17. 01 17. 02	Net organ aquisition cost Capital received from manufacturers for replaced devices for applicable MS-DRGs	55. 00 68. 00	0	0	0	0	0	

Heal th	Financial Systems		UNI ON HOSPI	TAL. INC.		In lie	u of Form CMS-2	2552-10
	LUME CALCULATION EXHIBIT 4		ow on hoor	Provi der	CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	Worksheet E Part A Exhibi	t 4 pared:
					e XVIII	Hospi tal	PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prion to 10/01	Peri od On/After 10/01	Total (Col 2 through 4)	
		0	1. 00	2.00	3. 00	4. 00	5. 00	
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0		0 0	0	18.00
19.00	SUBTOTAL			0	5, 447, 09	91 17, 127, 480	22, 574, 571	19.00
		W/S L, line	(Amounts from L)					
		0	1. 00	2. 00	3. 00	4. 00	5. 00	
	Capital DRG other than outlier Model 4 BPCI Capital DRG other than outlier		1, 462, 434 0	0	349, 4!	51 1, 112, 984 0 0	1, 462, 435 0	1
21.00	Capital DRG outlier payments	2. 00	64, 108	0	14, 62	49, 481	64, 108	21.00
	Model 4 BPCI Capital DRG outlier payments	2. 01	0	0		0	0	21. 01
22. 00	Indirect medical education percentage (see instructions)	5. 00	0. 0352	0. 0352	0. 03!	0. 0352		22.00
23. 00	Indirect medical education adjustment (see instructions)	6. 00	51, 478	0	12, 30	39, 177	51, 478	23. 00
24. 00	Allowable disproportionate share percentage (see instructions)	10. 00	0. 0561	0. 0561	0. 056	0. 0561		24.00
25. 00	Disproportionate share adjustment (see instructions)	11. 00	82, 043	0	19, 60	62, 439	82, 043	25. 00
26. 00	Total prospective capital payments (see instructions)	12. 00	1, 660, 063	0	395, 98	1, 264, 080	1, 660, 063	26. 00
		W/S E, Part A	(Amounts to					
		line 0	E, Part A) 1.00	2. 00	3.00	4.00	5. 00	
27. 00	Low volume adjustment factor	U	1.00	2.00	0.0000		3.00	27. 00
28. 00	Low volume adjustment (transfer amount to Wkst. E, Pt. A, line)	70. 96			0.00000	0.00000	О	
29. 00	'	70. 97				0	О	29. 00
100.00	Transfer low volume adjustments to Wkst. E, Pt. A.		Y					100.00

HOSPI I	AL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5		F	eriod: rom 09/01/2014 o 12/31/2014	Worksheet E Part A Exhibi Date/Time Pre 5/27/2015 5:2	pared:
			Ti tl	e XVIII	Hospi tal	PPS	
		Wkst. E, Pt. A, line	Amt. from Wkst. E, Pt. A)	Period to 10/01	Period on after 10/01	Total (cols. 2 and 3)	
		0	1.00	2. 00	3. 00	4. 00	
1. 00 1. 01	DRG amounts other than outlier payments DRG amounts other than outlier payments for discharges occurring prior to October 1	1. 00 1. 01	4, 371, 865	4, 371, 865		4, 371, 865	1. 00 1. 01
1. 02	DRG amounts other than outlier payments for discharges occurring on or after October 1	1. 02	13, 926, 921		13, 926, 921	13, 926, 921	1. 02
1. 03	DRG for Federal specific operating payment for Model 4 BPCI occurring prior to October 1	1. 03	0	0		0	1. 03
1. 04	DRG for Federal specific operating payment for Model 4 BPCI occurring on or after October 1	1. 04	0		0	0	1. 04
2. 00	Outlier payments for discharges (see instructions)	2. 00	172, 366	42, 361	130, 005	172, 366	2. 00
2. 01	Outlier payments for discharges for Model 4 BPCI	2. 02	0	0	0	0	
3. 00 4. 00	Operating outlier reconciliation Managed care simulated payments	2. 01 3. 00	1, 678, 177	0	0 1, 678, 177	0 1, 678, 177	3. 00 4. 00
4.00	Indirect Medical Education Adjustment	3.00	1,070,177	0	1,070,177	1,070,177	4.00
5. 00	Amount from Worksheet E, Part A, line 21 (see instructions)	21. 00	0. 045306	0. 045306	0. 045306		5. 00
6.00	IME payment adjustment (see instructions)	22. 00	488, 317	106, 866	381, 451	488, 317	6. 00
6. 01	IME payment adjustment for managed care (see instructions) Indirect Medical Education Adjustment for the		0	0	0	0	6. 01
7. 00	IME payment adjustment factor (see	27. 00	0. 009817	0. 009817	0. 009817		7.00
	instructions)						
8.00	IME adjustment (see instructions)	28. 00	196, 114	42, 919	153, 195	196, 114	8.00
8. 01 9. 00	IME payment adjustment add on for managed care (see instructions) Total IME payment (sum of lines 6 and 8)	28. 01 29. 00	684, 431	149, 785	534, 646	0 684, 431	8. 01 9. 00
9. 01	Total IME payment for managed care (sum of	29. 01	004, 431	144, 765	034, 040	004, 431	1
	lines 6.01 and 8.01)						
	Disproportionate Share Adjustment						
10. 00	Allowable disproportionate share percentage (see instructions)	33. 00	0. 1144	0. 1144	0. 1144		10.00
11. 00	Disproportionate share adjustment (see instructions)	34. 00	523, 345	125, 035	398, 310	523, 345	11.00
11. 01	Uncompensated care payments	36. 00	1, 235, 580	344, 852	890, 728	1, 235, 580	11. 01
40.00	Additional payment for high percentage of ESI			^	٥		1 40 00
12. 00	Total ESRD additional payment (see instructions)	46. 00	0	0	0	0	12.00
13. 00	Subtotal (see instructions)	47. 00	20, 914, 508	5, 033, 898	15, 880, 610	20, 914, 508	13.00
14.00	Hospital specific payments (completed by SCH	48. 00	0	0	0	0	14.00
	and MDH, small rural hospitals only.) (see						
15. 00	instructions) Total payment for inpatient operating costs (see instructions)	49. 00	20, 914, 508	5, 033, 898	15, 880, 610	20, 914, 508	15. 00
16. 00	Payment for inpatient program capital	50. 00	1, 660, 063	395, 983	1, 264, 080	1, 660, 063	16.00
17. 00	Special add-on payments for new technologies		0	0	0	0	
17. 01	Net organ aquisition cost	55. 00	0	0	0	0	
17. 02	Capital received from manufacturers for replaced devices for applicable MS-DRGs	68. 00	0	0	0	0	17. 02
18. 00	Capital outlier reconciliation adjustment amount (see instructions)	93. 00	0	0	0	0	18. 00
19. 00	SUBTOTAL			5, 429, 881	17, 144, 690	22, 574, 571	19. 00

lealth Financial Systems	UNI ON HOSPI		2011 450000		u of Form CMS-	2552-10
HOSPITAL ACQUIRED CONDITION (HAC) REDUCTION CALCULA	ATION EXHIBIT 5	Provi der	CCN: 150023	Period: From 09/01/2014 To 12/31/2014		pared:
			e XVIII	Hospi tal	PPS	
	Wkst. L, line	(Amt. from Wkst. L)				
	0	1.00	2.00	3. 00	4. 00	
20.00 Capital DRG other than outlier	1. 00	1, 462, 434			1, 462, 434	20.00
20.01 Model 4 BPCI Capital DRG other than outlier	1. 01	1, 102, 101	017, 10	0 1, 112, 700	0	1
21.00 Capital DRG outlier payments	2. 00	64, 108	14, 62	9	64, 108	
21.01 Model 4 BPCI Capital DRG outlier payments	2. 01	04, 100	14,02	0 47, 401	04, 100	
22.00 Indirect medical education percentage (see instructions)	5. 00	0. 0352	0. 035	0. 0352		22.00
23.00 Indirect medical education adjustment (see instructions)	6. 00	51, 478	12, 30	39, 177	51, 478	23. 00
24.00 Allowable disproportionate share percentage (see instructions)	10. 00	0. 0561	0. 056	0. 0561		24.00
Disproportionate share adjustment (see instructions)	11. 00	82, 043	19, 60	62, 439	82, 043	25.00
26.00 Total prospective capital payments (see instructions)	12. 00	1, 660, 063	395, 98	1, 264, 080	1, 660, 063	26.00
	Wkst. E, Pt. A, line	(Amt. from Wkst. E, Pt. A)				
	0	1. 00	2.00	3.00	4. 00	
27. 00						27.00
28.00 Low volume adjustment prior to October 1	70. 96	0		0	0	28.00
29.00 Low volume adjustment on or after October 1	70. 97	0		0	0	29.00
30.00 HVBP payment adjustment (see instructions)	70. 93	38, 908	-8, 45	47, 363	38, 908	30.00
30.01 HVBP payment adjustment for HSP bonus payment (see instructions)	70. 90	0		0 0	0	30. 01
31.00 HRR adjustment (see instructions)	70. 94	-124, 612	-11, 80	-112, 808	-124, 612	31.00
31.01 HRR adjustment for HSP bonus payment (see instructions)	70. 91	0		0 0	0	
					(Amt. to Wkst. E, Pt. A)	
	0	1.00	2. 00	3.00	4. 00	
32.00 HAC Reduction Program adjustment (see	70. 99			0 170, 792	170, 792	32.00
instructions) 100.00 Transfer HAC Reduction Program adjustment to Wkst. E, Pt. A.		Y				100.00

Health Financial Systems	UNION HOSPITAL,	INC.	In Lie	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Pre 5/27/2015 5:2	
		Title XVIII	Hospi tal	PPS	

			10 12/31/2014	5/27/2015 5: 2	
		Title XVIII	Hospi tal	PPS	7 PIII
		THE AVIII	nospi tui	110	
				1. 00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES			1.00	
1. 00	Medical and other services (see instructions)			10, 084	1.00
2. 00	Medical and other services (see mistractions)  Medical and other services reimbursed under OPPS (see instructi	one)		11, 688, 304	
	· ·	uris)			
3.00	PPS payments			17, 243, 487	3.00
4. 00	Outlier payment (see instructions)			94, 631	
5.00	Enter the hospital specific payment to cost ratio (see instruct	i ons)		0. 000	
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		66, 310	9. 00
10.00	Organ acquisitions			. 0	
11. 00	Total cost (sum of lines 1 and 10) (see instructions)			10, 084	
00	COMPUTATION OF LESSER OF COST OR CHARGES			.0,00.	
	Reasonable charges				
12. 00	Ancillary service charges			40, 625	12 00
	, ,	1 4			
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, co	1. 4)		0	13.00
14. 00	Total reasonable charges (sum of lines 12 and 13)			40, 625	14. 00
	Customary charges				
15. 00	Aggregate amount actually collected from patients liable for pa			0	
16. 00	Amounts that would have been realized from patients liable for	payment for services	on a chargebasis	0	16. 00
	had such payment been made in accordance with 42 CFR §413.13(e)				
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)			40, 625	18. 00
19.00	Excess of customary charges over reasonable cost (complete only	if line 18 exceeds L	ine 11) (see	30, 541	19.00
	instructions)		, (***		
20.00	Excess of reasonable cost over customary charges (complete only	if line 11 exceeds L	ine 18) (see	0	20.00
	instructions)			-	
21. 00	Lesser of cost or charges (line 11 minus line 20) (for CAH see	instructions)		10, 084	21.00
22. 00	Interns and residents (see instructions)	riisti deti olis)		0,004	22.00
23. 00	Cost of physicians' services in a teaching hospital (see instru	ctions)		0	23.00
	, , ,	Ctions)		-	
24. 00	Total prospective payment (sum of lines 3, 4, 8 and 9)			17, 404, 428	24. 00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25. 00	Deductibles and coinsurance (for CAH, see instructions)			1, 847	
26. 00	Deductibles and Coinsurance relating to amount on line 24 (for	CAH, see instructions	)	3, 420, 704	26. 00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) pl	us the sum of lines 2	2 and 23} (for	13, 991, 961	27. 00
	CAH, see instructions)				
28.00	Direct graduate medical education payments (from Wkst. E-4, lir	e 50)		148, 158	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)			14, 140, 119	30.00
31.00	Primary payer payments			4, 071	
32. 00	Subtotal (line 30 minus line 31)			14, 136, 048	
02.00	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICE	5)		11,100,010	02.00
33. 00	Composite rate ESRD (from Wkst. I-5, line 11)	5)		0	33.00
34. 00	Allowable bad debts (see instructions)			448, 450	
35. 00	Adjusted reimbursable bad debts (see instructions)			291, 493	
36. 00	Allowable bad debts for dual eligible beneficiaries (see instru	CTI ONS)		277, 361	
	Subtotal (see instructions)			14, 427, 541	
38. 00	MSP-LCC reconciliation amount from PS&R			-227	
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 replace	d devices (see instru	ctions)	0	39. 98
39. 99	RECOVERY OF ACCELERATED DEPRECIATION			0	39. 99
40.00	Subtotal (see instructions)			14, 427, 768	40.00
40. 01	Sequestration adjustment (see instructions)			288, 555	
41. 00	Interim payments			14, 029, 086	
42. 00	Tentative settlement (for contractors use only)			0	42.00
43. 00	Balance due provider/program (see instructions)			110, 127	
	, , , , ,	th CMC Dub 15 2			
44. 00	Protested amounts (nonallowable cost report items) in accordance	e with CMS Pub. 15-2,	chapter i,	0	44. 00
	§115. 2				
	TO BE COMPLETED BY CONTRACTOR				
	Original outlier amount (see instructions)			0	
91.00	Outlier reconciliation adjustment amount (see instructions)			0	
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
			·		

Health Financial Systems UNANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED In Lieu of Form CMS-2552-10 UNION HOSPITAL, INC.

				10 12/01/2011	5/27/2015 5: 2	7 pm
			e XVIII	Hospi tal	PPS	
		Inpatien	it Part A	Par	⁻t 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		19, 747, 35	3	13, 637, 205	1.00
2.00	Interim payments payable on individual bills, either			0	0	2.00
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
	write "NONE" or enter a zero					
3.00	List separately each retroactive lump sum adjustment					3.00
	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)					
	Program to Provider					
3. 01	ADJUSTMENTS TO PROVIDER	12/31/2014	412, 09	9 12/31/2014	391, 881	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		412, 09	9	391, 881	3. 99
	3. 50-3. 98)					
4.00	Total interim payments (sum of lines 1, 2, and 3.99)		20, 159, 45	2	14, 029, 086	4.00
	(transfer to Wkst. E or Wkst. E-3, line and column as					
	appropri ate)					
F 00	TO BE COMPLETED BY CONTRACTOR		I			
5. 00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					5.00
	write "NONE" or enter a zero. (1)					
	Program to Provider					
5. 01	TENTATI VE TO PROVI DER		1	0	0	5. 01
5. 02	TENTATIVE TO TROVIDER			0	l ő	5.02
5. 02				0		5.02
5. 05	Provider to Program		'	0		0.00
5. 50	TENTATI VE TO PROGRAM			ol	0	5.50
5. 51				o	o	5. 51
5. 52				0	0	5. 52
5. 99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		į (	0	0	5. 99
	5. 50-5. 98)					
6.00	Determined net settlement amount (balance due) based on					6.00
	the cost report. (1)					
6. 01	SETTLEMENT TO PROVIDER		364, 71	5	110, 127	6. 01
6. 02	SETTLEMENT TO PROGRAM			O	0	6. 02
7.00	Total Medicare program liability (see instructions)		20, 524, 16	7	14, 139, 213	7.00
				Contractor	NPR Date	
				Number	(Mo/Day/Yr)	
			)	1.00	2.00	

Health Financial Systems UNANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED UNION HOSPITAL, INC.

		Ti tl	e XVIII	Subprovi der -	PPS	
		I npati en	t Part A		t B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1. 00	2.00	3. 00	4. 00	
. 00	Total interim payments paid to provider		1, 188, 913		0	
2. 00	Interim payments payable on individual bills, either		C	)	0	2.0
	submitted or to be submitted to the contractor for					
	services rendered in the cost reporting period. If none,					
. 00	write "NONE" or enter a zero List separately each retroactive lump sum adjustment					3.0
. 00	amount based on subsequent revision of the interim rate					] 3. 0
	for the cost reporting period. Also show date of each					
	payment. If none, write "NONE" or enter a zero. (1)					
	Program to Provider			·	•	
. 01	ADJUSTMENTS TO PROVIDER		C	)	0	3.0
. 02			C		0	3.0
. 03			C	)	0	
. 04			(	1	0	
. 05			C	)	0	3.0
	Provi der to Program		_		1	
. 50	ADJUSTMENTS TO PROGRAM		C		0	
.51 .52				1	0	
52 53					0	
53 54						
99	Subtotal (sum of lines 3.01-3.49 minus sum of lines					
77	3. 50-3. 98)			,		٥.
00	Total interim payments (sum of lines 1, 2, and 3.99)		1, 188, 913	3	0	4.
	(transfer to Wkst. E or Wkst. E-3, line and column as		,			
	appropri ate)					
	TO BE COMPLETED BY CONTRACTOR					
00	List separately each tentative settlement payment after					5.
	desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)  Program to Provider					
01	TENTATI VE TO PROVI DER			\	0	5.
02	TENTATIVE TO PROVIDER					
03						
00	Provider to Program			<b>′</b> 1		j
50	TENTATI VE TO PROGRAM		C	)	0	5.
51			C		0	5.
52			C		0	5.
99	Subtotal (sum of lines 5.01-5.49 minus sum of lines		C	)	0	5.
	5. 50-5. 98)					
00	Determined net settlement amount (balance due) based on					6.
0.1	the cost report. (1)		0.05			,
01 02	SETTLEMENT TO PROVIDER		9, 354	<u> </u>	0	
02	SETTLEMENT TO PROGRAM   Total Medicare program liability (see instructions)		1, 198, 267	,	0	
UU	iotal medicale program frability (see Instructions)		1, 198, 267	Contractor	NPR Date	/.
				Number	(Mo/Day/Yr)	
		(	)	1. 00	2.00	
	Name of Contractor			11.22		8.

Health Financial Systems	UNI ON HOSPI TAL,	INC.	In Lie	u of Form CMS-2	2552-10	
CALCULATION OF REIMBURSEMENT SETTLEMENT F	OR HIT	Provider CCN: 150023	Peri od:	Worksheet E-1 Part II		
			From 09/01/2014 To 12/31/2014		nared·	
			10 12/01/2011	5/27/2015 5: 2		
		Title XVIII	Hospi tal	PPS		
				1. 00		
TO BE COMPLETED BY CONTRACTOR FOR I						
HEALTH INFORMATION TECHNOLOGY DATA		: 2 D+ 1 col 15 lin	. 14	0	1 00	
1.00 Total hospital discharges as defin 2.00 Medicare days from Wkst. S-3, Pt.			2 14	0	1. 00 2. 00	
3.00 Medicare HMO days from Wkst. S-3, Pt.		2		0	3.00	
4.00 Total inpatient days from S-3, Pt.		2		0	4. 00	
5.00 Total hospital charges from Wkst C		_		0	5. 00	
6.00 Total hospital charity care charge		ie 20		0	6. 00	
7.00 CAH only - The reasonable cost inc			Wkst. S-2, Pt. I	0	7.00	
line 168	·					
8.00 Calculation of the HIT incentive p				0	8.00	
9.00 Sequestration adjustment amount (s				0	9.00	
	0.00 Calculation of the HIT incentive payment after sequestration (see instructions)					
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH					
	30.00   Initial/interim HIT payment adjustment (see instructions)					
31.00 Other Adjustment (specify)	40)	24) (		0	31.00	
32.00 Balance due provider (line 8 (or l	ne 10) minus line 30 and lin	ie 31) (see instructioi	ns)	0)	32. 00	

Health Financial Systems	UNION HOSPITAL,	INC.	In Lieu	u of Form CMS-2	2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 150023	Peri od: From 09/01/2014	Worksheet E-3	
		Component CCN: 15T023			pared: 7 pm
		Title XVIII	Subprovi der -	PPS	
			I RF		
				1. 00	

	IRF		
		1. 00	
	PART III - MEDICARE PART A SERVICES - IRF PPS	1.00	
1. 00	Net Federal PPS Payment (see instructions)	1, 114, 328	1. 00
2. 00	Medicare SSI ratio (IRF PPS only) (see instructions)	0. 0173	2.00
3. 00	Inpatient Rehabilitation LIP Payments (see instructions)	64, 408	3.00
4. 00	Outlier Payments	64, 352	4.00
5. 00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior	·	5. 00
0.00	to November 15, 2004 (see instructions)	21.00	0.00
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 L&R excluding FTEs in the new program growth period of a "new	0. 00	7. 00
	teaching program" (see instructions)	0.00	
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)	10. 188525	
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, 243, 088	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	1, 243, 088	17.00
18.00	Pri mary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	1, 243, 088	19.00
20.00	Deducti bl es	8, 512	20.00
21.00	Subtotal (line 19 minus line 20)	1, 234, 576	21.00
22.00	Coi nsurance	12, 768	22.00
23.00	Subtotal (line 21 minus line 22)	1, 221, 808	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, 221, 808	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)	913	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 Accel erated Depreciation	0	31. 99
32.00	Total amount payable to the provider (see instructions)	1, 222, 721	32.00
32. 01	Sequestration adjustment (see instructions)	24, 454	32. 01
33.00	Interim payments	1, 188, 913	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	9, 354	35.00
36. 00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	190, 417	36. 00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4	64, 352	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
E2 00	Time Value of Money (see instructions)	0	53.00

Health Financial Systems	UNI ON HOSPI TAL,	I NC.	In Lieu	u of Form CMS-2552-10
CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 5:27 pm
		Title XLX	Hospi tal	Cost

			10 12/31/2014	5/27/2015 5: 2	
		Title XIX	Hospi tal	Cost	
			Inpatient	Outpati ent	
			1. 00	2. 00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERV	ICES FOR TITLES V OR XI	X SERVICES		
	COMPUTATION OF NET COST OF COVERED SERVICES				1
1.00	Inpatient hospital/SNF/NF services		2, 968, 865		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		o		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2, 968, 865	0	4.00
5. 00	Inpatient primary payer payments		O		5.00
6. 00	Outpatient primary payer payments			0	6.00
7. 00	Subtotal (line 4 less sum of lines 5 and 6)		2, 968, 865	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES				1
	Reasonabl e Charges				1
8. 00	Routine service charges		0		8.00
9.00	Ancillary service charges		7, 054, 606	0	9.00
10.00	Organ acquisition charges, net of revenue		O		10.00
11. 00	Incentive from target amount computation		o		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		7, 054, 606	0	12.00
	CUSTOMARY CHARGES				1
13.00	Amount actually collected from patients liable for payment for	services on a charge	0	0	13.00
	basis				
14.00	Amounts that would have been realized from patients liable for		ا ا	0	14.00
	a charge basis had such payment been made in accordance with 42	2 CFR §413.13(e)			
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0. 000000	
	Total customary charges (see instructions)		7, 054, 606	0	
17.00	Excess of customary charges over reasonable cost (complete only	/if line 16 exceeds	4, 085, 741	0	17.00
	line 4) (see instructions)				
18. 00	Excess of reasonable cost over customary charges (complete only	/if line 4 exceeds line	0	0	18. 00
	16) (see instructions)				
	Interns and Residents (see instructions)		0	0	
	Cost of physicians' services in a teaching hospital (see instru		0	0	
21. 00	Cost of covered services (enter the lesser of line 4 or line 10		2, 968, 865	0	21.00
00.00	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be of	completed for PPS provid			
	Other than outlier payments		0	0	
	Outlier payments		0	0	
	Program capital payments		0		24. 00 25. 00
	Capital exception payments (see instructions)		0		
	Routine and Ancillary service other pass through costs		0	0	
	Subtotal (sum of lines 22 through 26)		0	_	
28. 00 29. 00	Customary charges (title V or XIX PPS covered services only) Titles V or XIX (sum of lines 21 and 27)		2, 968, 865	0	
29.00	COMPUTATION OF REIMBURSEMENT SETTLEMENT		2, 908, 800	U	29.00
30. 00	Excess of reasonable cost (from line 18)			0	30.00
	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2, 968, 865	0	
	Deductibles		2, 900, 803	0	
	Coinsurance			0	02.00
				0	
	Allowable bad debts (see instructions) Utilization review			U	35.00
	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)			0	
	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		2, 968, 865	0	
	Subtotal (line 36 ± line 37)		2, 968, 865	0	
			2, 700, 000	U	39.00
	,		2, 968, 865	0	
	Total amount payable to the provider (sum of lines 38 and 39) Interim payments			0	
42.00	Balance due provider/program (line 40 minus line 41)		3, 118, 391 -149, 526	0	
43.00	Protested amounts (nonallowable cost report items) in accordance	se with CMS Dub 15_2	- 149, 520	0	
13.00	chapter 1, §115.2	So with own rub 13-2,	"		73.00
	respective to the second control of the seco		1		1

Heal th	Financial Systems UNION HOSPITAL,	I NC.		In lie	u of Form CMS-2	2552-10
DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der	CCN: 150023	Peri od: From 09/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Pre 5/27/2015 5:2	pared:
		Titl	e XVIII	Hospi tal	PPS	
					1. 00	
	COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1. 00	Unweighted resident FTE count for allopathic and osteopathic pending on or before December 31, 1996.	rograms fo	r cost report	ing periods	4. 97	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR	413.79(e)	(1) (see inst	ructions)	0. 00	2. 00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA		D 6440 70 ()		0.00	3.00
3. 01	Direct GME cap reduction amount under ACA §5503 in accordance instructions for cost reporting periods straddling 7/1/2011)	WITH 42 CF	R 9413.79 (M)	. (see	0. 00	3. 01
4. 00	Adjustment (plus or minus) to the FTE cap for allopathic and o GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))	steopathi c	programs due	to a Medicare	0. 00	4. 00
4. 01	ACA Section 5503 increase to the Direct GME FTE Cap (see instr	uctions fo	r cost report	ing periods	0. 00	4. 01
4. 02	straddling 7/1/2011) ACA Section 5506 number of additional direct GME FTE cap slots	(soo ins	tructions for	cost reporting	0. 00	4. 02
4.02	periods straddling 7/1/2011)	(366 1113	tructions for	cost reporting	0.00	4.02
5. 00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plu 4.02 plus applicable subscripts	s or minus	line 4 plus	lines 4.01 and	4. 97	5. 00
6. 00	Unweighted resident FTE count for allopathic and osteopathic p	rograms fo	r the current	year from your	7. 02	6. 00
7. 00	records (see instructions) Enter the lesser of line 5 or line 6				4. 97	7.00
7.00	the resser of title 5 of title 0		Primary Care	e Other	Total	7.00
			1. 00	2. 00	3. 00	
8. 00	Weighted FTE count for physicians in an allopathic and osteopa program for the current year.	thi c	7. (	0.00	7. 02	8. 00
9. 00	If line 6 is less than 5 enter the amount from line 8, otherwimultiply line 8 times the result of line 5 divided by the amou		4. 9	0. 00	4. 97	9. 00
10. 00 11. 00	6. Weighted dental and podiatric resident FTE count for the curre Total weighted FTE count	nt year	4. 9	0. 00 97 0. 00		10.00
12. 00	Total weighted resident FTE count for the prior cost reporting	year (see	l .			12.00
13. 00	<pre>instructions) Total weighted resident FTE count for the penultimate cost rep year (see instructions)</pre>	orti ng	4. 9	0. 00		13. 00
14. 00	Rolling average FTE count (sum of lines 11 through 13 divided	by 3).	4. 9	97 0.00		14.00
15.00	Adjustment for residents in initial years of new programs		0. (			15.00
16. 00 17. 00	Adjustment for residents displaced by program or hospital clos Adjusted rolling average FTE count	ure	0.0			16. 00 17. 00
18. 00	Per resident amount		119, 360.			18.00
	Approved amount for resident costs		593, 22		593, 221	1
					1 00	
20. 00	Additional unweighted allopathic and osteopathic direct GME FT	E resident	cap slots re	cei ved under 42	1. 00 1. 92	20.00
21 00	Sec. 413.79(c)(4) Direct GME FTE unweighted resident count over cap (see instruc	tions)			2 05	21.00
	Allowable additional direct GME FTE Resident Count (see instru					22.00
	Enter the locally adjustment national average per resident amo		nstructions)		94, 861. 54	23. 00
24.00	Multiply line 22 time line 23				182, 134	
25. 00	Total direct GME amount (sum of lines 19 and 24)		Inpati ent	Managed care	775, 355	25.00
			Part A	wanageu care		
			1.00	2. 00	3. 00	
26 00	COMPUTATION OF PROGRAM PATIENT LOAD Inpatient Days (see instructions)		10, 90	2) 07/		26 00
26. 00 27. 00	Total Inpatient Days (see instructions)		21, 7			26. 00 27. 00
28. 00	Ratio of inpatient days to total inpatient days		0. 50016			28.00
29. 00	Program di rect GME amount		387, 80	02 34, 718		29. 00
30.00	Reduction for direct GME payments for Medicare Advantage			4, 906		30.00
31.00	Net Program direct GME amount				417, 614	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT   Provider CCN: 150023   Period: From 09/01/2014   To 12/31/2014   Date/Time Prepared: 5/27/2015 5: 27 pm   Title XVIII   Hospital   PPS   DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)   1.00   DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)   2.00   Renal dial ysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74   0 32.00   Renal dial ysis and home dial ysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)   0 33.00   Renal dial ysis end to 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   Medicare outpatient ESRD charges (see instructions)   0 36.00   APPORTIOMMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost   Reasonable cost (see instructions)   0 38.00   0.000000   21, 389, 082   21, 389, 082   21, 389, 082   41, 00   Part B Reasonable cost (see instructions)   0 40.00   Pimary payer payments (see instructions)   0 40.00   Pimary payer payments (see instructions)   0 40.00   Pimary payer payments (see instructions)   0 7, 764, 698   42, 00   Part B Reasonable cost (see instructions)   0 7, 764, 698   42, 00   Part B Reasonable cost (see instructions)   0 7, 764, 698   42, 00   Part B Reasonable cost (see instructions)   0 7, 764, 698   42, 00   Part B Reasonable cost (see instructions)   0 7, 764, 698   42, 00   Part B Reasonable cost (see instructions)   0 7, 764, 698   42, 00   Part B Reasonable cost (see instructions)   0 7, 764, 698   42, 00   764, 00	Heal th	Financial Systems UNION HOSPITAL,	I NC.	In Lie	u of Form CMS-2	2552-10
To 12/31/2014   Date/Time Prepared: 5/27/2015 5:27 pm   For 12/31/2014   Date/Time Prepared: 5/27/2015 5:27 pm   Da	DI RECT	GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT	Provi der CCN: 150023		Worksheet E-4	
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)	MEDI CA	L EDUCATION COSTS				
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			Title XVIII	Hospi tal	PPS	
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						
EDUCATION COSTS)   Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)   32.00 and 94)   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   35.00   Medicare outpatient ESRD charges (see instructions)   0 35.00   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   21,389,082   37.00   Reasonable cost (see instructions)   21,389,082   37.00   39.00   Cost of physicians' services in a teaching hospital (see instructions)   0 39.00   Cost of physicians' services in a teaching hospital (see instructions)   0 40.00   41.00   Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)   21,389,082   42.00   Reasonable cost (see instructions)   11,760,627   44.00   44.00   Total Part B reasonable cost (line 42 minus line 43)   11,760,627   44.00   45.00   Ratio of Part B reasonable cost to total reasonable cost (line 44 + line 45)   0.354773   47.00   A1.00   A2.00   A2.						
and 94)  33.00 Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)  34.00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)  35.00 Medicare outpatient ESRD charges (see instructions)  36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)  APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  Part A Reasonable Cost  37.00 Reasonable cost (see instructions)  38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  39.00 Cost of physicians' services in a teaching hospital (see instructions)  40.00 Primary payer payments (see instructions)  41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Reasonable cost (see instructions)  42.00 Reasonable cost (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 46 x 48) (title XVIII only) (see instructions)  46.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		EDUCATION COSTS)	•		I CAL	
34.00 Ratio of direct medical education costs to total charges (line 32 ÷ line 33)  36.00 Medicare outpatient ESRD charges (see instructions)  36.00 Medicare outpatient ESRD direct medical education costs (line 34 x line 35)  APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY Part A Reasonable Cost  37.00 Reasonable cost (see instructions)  38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  39.00 Cost of physicians' services in a teaching hospital (see instructions)  40.00 Primary payer payments (see instructions)  41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Reasonable cost (see instructions)  42.00 Reasonable cost (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part B reasonable cost to total reasonable cost (line 41 ÷ line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  46.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  47.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  48.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  48.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  49.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  49.00 Part A Medicare Outpatient ESRD charges (line 42 x line 45) (line 44 x line 45)  49.00 Part A Medicare Outpatient ESRD charges (line 42 x line 45) (line 44 x line 45)  49.00 Part A Medicare Outpatient ESRD charges (line 42 x line 45) (line 44 x line 45)  49.00 Part A Medicare Outpatient ESRD charges (line 42 x line 20 x line 32 x line 33)  49.00 Part A Medicare Outpatient ESRD charges (line 42 x line 31)  49.00 Part A Medicare Outpatient ESRD charges (line 43 x line 35)  49.00 Part A Medicare Outpatient ESRD charges (line 45 x line 35)  49.00 Part A Medicare Outpatient ESRD charges (line 45 x line 3	32. 00		t. I, sum of col. 20 a	nd 23, lines 74	0	32.00
35.00 Medicare outpatient ESRD charges (see instructions)  Medicare outpatient ESRD direct medical education costs (line 34 x line 35)  APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY  Part A Reasonable Cost  Reasonable cost (see instructions)  Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  Cost of physicians' services in a teaching hospital (see instructions)  Orotal Part A reasonable cost (sum of lines 37 through 39 minus line 40)  Part B Reasonable cost (see instructions)  Reasonable cost (see instructions)  11, 764, 698  42.00 Reasonable cost (see instructions)  Reasonable cost (see instructions)  11, 764, 698  42.00 Primary payer payments (see instructions)  Total Part B reasonable cost (line 42 minus line 43)  Total Part B reasonable cost (sum of lines 41 and 44)  Ratio of Part A reasonable cost (sum of lines 41 and 44)  Ratio of Part B reasonable cost to total reasonable cost (line 41 ÷ line 45)  Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  Reasonable cost (see instructions)  Allocation of Part A Medicare GME payment (line 31)  Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)	33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I	, col. 8, sum of lines	74 and 94)	0	33.00
36.00   Medicare outpatient ESRD direct medical education costs (line 34 x line 35)   36.00   APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost   Reasonable cost (see instructions)   21,389,082   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)   0 40.00   Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)   21,389,082   41.00   Part B Reasonable Cost   Reasonable cost (see instructions)   11,764,698   42.00   43.00   Primary payer payments (see instructions)   4.00   Total Part B reasonable cost (line 42 minus line 43)   11,760,627   44.00   45.00   Total reasonable cost (sum of lines 41 and 44)   33,149,709   45.00   47.00   Ratio of Part A reasonable cost to total reasonable cost (line 41 + line 45)   0.645227   46.00   47.00   Ratio of Part B reasonable cost to total reasonable cost (line 44 + line 45)   0.354773   47.00   ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B   417,614   48.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   269,456   49.00   49.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   269,456   49.00			32 ÷ line 33)		0.000000	34.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY   Part A Reasonable Cost					0	
Part A Reasonable Cost   Reasonable cost (see instructions)   21,389,082   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)   0 40.00   41.00   Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)   21,389,082   41.00   Part B Reasonable Cost (see instructions)   11,764,698   42.00   43.00   Primary payer payments (see instructions)   4,071   43.00   44.00   Total Part B reasonable cost (line 42 minus line 43)   11,760,627   44.00   45.00   Total reasonable cost (sum of lines 41 and 44)   33,149,709   45.00   47.00   Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)   0.645227   46.00   47.00   Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)   0.35473   47.00   ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B   48.00   Part A Medicare GME payment (line 31)   417,614   48.00   Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)   269,456   49.00	36.00				0	36.00
Reasonable cost (see instructions)   21, 389, 082   37.00   38.00   Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)   0   38.00   0   0   0   0   0   0   0   0   0			ONLY			
38.00 Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)  39.00 Cost of physicians' services in a teaching hospital (see instructions)  40.00 Primary payer payments (see instructions)  41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Reasonable cost (see instructions)  42.00 Primary payer payments (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  48.00 Total program GME payment (line 31)  48.00 Part A Medicare GME payment (line 48 × 48) (title XVIII only) (see instructions)  48.00 Part A Medicare GME payment (line 48 × 48) (title XVIII only) (see instructions)  48.00 Part A Medicare GME payment (line 46 × 48) (title XVIII only) (see instructions)						
39.00 Cost of physicians' services in a teaching hospital (see instructions)  40.00 Primary payer payments (see instructions)  41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  42.00 Reasonable cost (see instructions)  43.00 Primary payer payments (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  48.00 Total program GME payment (line 31)  48.00 Part A Medicare GME payment (line 48 × 48) (title XVIII only) (see instructions)  48.00 Part A Medicare GME payment (line 46 × 48) (title XVIII only) (see instructions)  39.00  40.00  41.00  42.00  43.00  42.00  42.00  42.00  42.00  42.00  42.00  42.00  42.00  43		,				
40.00 Primary payer payments (see instructions) 41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  Part B Reasonable Cost  42.00 Reasonable cost (see instructions) 43.00 Primary payer payments (see instructions) 44.00 Total Part B reasonable cost (line 42 minus line 43) 45.00 Total reasonable cost (sum of lines 41 and 44) 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 48.00 Total program GME payment (line 31)  49.00 Part A Medicare GME payment (line 48 × 48) (title XVIII only) (see instructions)  40.00 Al. 00 40.00 Al. 00 40.00 Al. 00					ŭ,	
41.00 Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)  Part B Reasonable Cost  42.00 Reasonable cost (see instructions)  43.00 Primary payer payments (see instructions)  44.00 Total Part B reasonable cost (line 42 minus line 43)  45.00 Total reasonable cost (sum of lines 41 and 44)  46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Part A Medicare GME payment (line 31)  41.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  41.00 Part B reasonable cost (sum of lines 47 through 39 minus line 40)  42.00 Part B Reasonable cost (line 42 minus line 43)  42.00 Part B reasonable cost (line 44 ine 45)  Constant B reasonable cost (line 41 ine 45)  Constant B reasonable cost (line 41 ine 45)  Constant B reasonable cost (line 44 ine 45)  Constant B reasonable cost (line 41 ine 45)  Constant B reasonable cost			uctions)		-	
Part B Reasonable Cost           42.00         Reasonable cost (see instructions)         11,764,698         42.00           43.00         Primary payer payments (see instructions)         4,071         43.00           44.00         Total Part B reasonable cost (line 42 minus line 43)         11,760,627         44.00           45.00         Total reasonable cost (sum of lines 41 and 44)         33,149,709         45.00           46.00         Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)         0.45227         46.00           47.00         Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)         0.35473         47.00           48.00         ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B         417,614         48.00           49.00         Part A Medicare GME payment (line 31)         417,614         48.00           49.00         Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)         269,456         49.00			11. (10)		-	
42.00       Reasonable cost (see instructions)       11,764,698       42.00         43.00       Primary payer payments (see instructions)       4,071       43.00         44.00       Total Part B reasonable cost (line 42 minus line 43)       11,760,627       44.00         45.00       Total reasonable cost (sum of lines 41 and 44)       33,149,709       45.00         46.00       Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)       0.645227       46.00         47.00       Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)       0.354773       47.00         ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B         48.00       Total program GME payment (line 31)       417,614       48.00         49.00       Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)       269,456       49.00	41.00		11 ne 40)		21, 389, 082	41.00
43.00 Primary payer payments (see instructions) 44.00 Total Part B reasonable cost (line 42 minus line 43) 45.00 Total reasonable cost (sum of lines 41 and 44) 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 48.00 ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31) 47.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 48.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 49.00	42.00				11 744 400	42.00
44.00       Total Part B reasonable cost (line 42 minus line 43)       11,760,627       44.00         45.00       Total reasonable cost (sum of lines 41 and 44)       33,149,709       45.00         46.00       Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)       0.645227       46.00         47.00       Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)       0.354773       47.00         ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B         48.00       Total program GME payment (line 31)       417,614       48.00         49.00       Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)       269,456       49.00						
45.00 Total reasonable cost (sum of lines 41 and 44) 46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45) 47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45) 48.00 Total program GME payment (line 31) 49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 45.00 46.00 46.00 47.00 47.00 47.00 48.00 49.00 49.00					·	
46.00 Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)  Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31)  49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  46.00  47.00  47.00  47.00  48.00  49.00						
47.00 Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)  ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31)  49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)  48.00 269,456 49.00			41 ÷ line 45)			
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B  48.00 Total program GME payment (line 31) 49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 48.00 269,456 49.00						
49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 269,456 49.00	50				2. 22 . 7 7 0	
49.00 Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions) 269,456 49.00	48.00	Total program GME payment (line 31)			417, 614	48. 00
50.00 Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions) 148,158 50.00			(see instructions)		269, 456	49.00
	50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only)	(see instructions)		148, 158	50.00

Health Financial Systems

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

Provi der CCN: 150023 Peri od: Worksheet G From 09/01/2014 To 12/31/2014 Date/Time Prepared:

			10	12/31/2014	5/27/2015 5: 2	
		General Fund	Speci fi c	Endowment	Plant Fund	
			Purpose Fund	Fund		
	AUDDENT ACCETO	1.00	2. 00	3. 00	4. 00	
1 00	CURRENT ASSETS	22 040 402		٥	0	1 00
1. 00 2. 00	Cash on hand in banks Temporary investments	23, 049, 403		0	0	1.00 2.00
3. 00	Notes receivable	0	0	0	0	3.00
4. 00	Accounts recei vabl e	55, 728, 922		ol	0	4. 00
5. 00	Other receivable	0	0	o	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	o	0	6. 00
7.00	Inventory	4, 194, 640	0	0	0	7. 00
8. 00	Prepai d expenses	3, 710, 413	1	0	0	8. 00
9.00	Other current assets	230, 101	1	0	0	9.00
10.00	Due from other funds	0, 012, 470	1	0	0	10.00
11. 00	Total current assets (sum of lines 1-10) FIXED ASSETS	86, 913, 479	0	0	0	11. 00
12. 00	Land	37, 907, 574	0	ol	0	12.00
13. 00	Land improvements	0,,,0,,0,,	ő	ő	0	13.00
14.00	Accumulated depreciation	o	0	o	0	14.00
15.00	Bui I di ngs	340, 845, 060	0	o	0	15. 00
16.00	Accumulated depreciation	0	0	0	0	16. 00
17. 00	Leasehold improvements	0	0	0	0	17. 00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19. 00 20. 00
20. 00 21. 00	Accumulated depreciation Automobiles and trucks	0	0	0	0	20.00
22. 00	Accumulated depreciation	0	0	0	0	22.00
23. 00	Major movable equipment	134, 792, 838	_	Ö	0	23. 00
24. 00	Accumulated depreciation	-240, 675, 269	1	ol	0	24. 00
25.00	Mi nor equi pment depreci abl e	0	0	o	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	Mi nor equi pment-nondepreci abl e	0	0	0	0	29. 00
30. 00	Total fixed assets (sum of lines 12-29)  OTHER ASSETS	272, 870, 203	0	0	0	30. 00
31. 00	Investments	77, 788, 207	0	ol	0	31.00
32. 00	Deposits on Leases	77,700,207		ol Ol	0	32.00
33. 00	Due from owners/officers	Ö	o	ō	0	33. 00
34.00	Other assets	9, 402, 773	0	o	0	34.00
35.00	Total other assets (sum of lines 31-34)	87, 190, 980		0	0	35. 00
36. 00	Total assets (sum of lines 11, 30, and 35)	446, 974, 662	0	0	0	36. 00
07.00	CURRENT LIABILITIES	47 574 050		ما		07.00
37.00	Accounts payable	17, 574, 350	1	0	0	37. 00 38. 00
38. 00 39. 00	Salaries, wages, and fees payable Payroll taxes payable	21, 514, 743		0	0	39.00
40. 00	Notes and Loans payable (short term)	0		0	0	40.00
41. 00	Deferred income	ĺ	ő	ő	0	41.00
42.00	Accel erated payments	O			· [	42.00
43.00	Due to other funds	0	0	o	0	43.00
	Other current liabilities	12, 397, 393		0	0	
45. 00	Total current liabilities (sum of lines 37 thru 44)	51, 486, 486	0	0	0	45. 00
47 00	LONG TERM LIABILITIES			ما		47.00
46.00	Mortgage payable Notes payable	0	0	0	0	46.00
47. 00 48. 00	Unsecured Loans	271, 069, 584	1	0	0	47. 00 48. 00
49. 00	Other long term liabilities	271,007,304	0	Ö	0	49. 00
50. 00	Total long term liabilities (sum of lines 46 thru 49	271, 069, 584		o	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	322, 556, 070	0	o	0	51.00
	CAPI TAL ACCOUNTS					
52.00	General fund balance	124, 418, 592	1		  -	52.00
53.00	Specific purpose fund		0		  -	53.00
54. 00 55. 00	Donor created - endowment fund balance - restricted  Donor created - endowment fund balance - unrestricted		•	0	  -	54. 00 55. 00
56. 00	Governing body created - endowment fund balance		•	ol	  -	56.00
57. 00	Plant fund balance - invested in plant			ď	0	
58. 00	Plant fund balance - reserve for plant improvement,			ļ	0	58.00
	replacement, and expansion				·	
59. 00	Total fund balances (sum of lines 52 thru 58)	124, 418, 592	1	0	0	59.00
60. 00	Total liabilities and fund balances (sum of lines 51 and	446, 974, 662	0	0	0	60.00
	[59]	ļ	1	I		l

Health Financial Systems
STATEMENT OF CHANGES IN FUND BALANCES UNION HOSPITAL, INC. In Lieu of Form CMS-2552-10

Provider CCN: 150023 | Period: From 09/01/2014 | Worksheet G-1

					From 09/01. To 12/31.		Date/Time Pr 5/27/2015 5:	
		General	Fund	Speci al	Purpose Fun	d	Endowment Fund	
		1. 00	2.00	3. 00	4. 00		5. 00	
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00 9. 00 10. 00 11. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) UHC INCOME  Total additions (sum of line 4-9) Subtotal (line 3 plus line 10)	1, 682, 082 0 0 0 0	121, 132, 289 3, 400, 785 124, 533, 074 1, 682, 082 126, 215, 156		0 0 0 0 0 0 0 0	0		1.00 2.00 3.00 0 4.00 0 5.00 0 6.00 0 7.00 0 8.00 0 9.00 10.00
12. 00 13. 00 14. 00 15. 00 16. 00 17. 00 18. 00 19. 00	OTHER CHANGES IN NET ASSETS  Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	1, 796, 564 0 0 0 0 0 0	1, 796, 564 124, 418, 592		0 0 0 0 0	0		0 12.00 0 13.00 0 14.00 0 15.00 0 16.00 0 17.00 18.00 19.00
		Endowment Fund	PI ant	Fund		•		
		Tunu						
	T=	6. 00	7. 00	8. 00				
1. 00 2. 00 3. 00 4. 00 5. 00 6. 00 7. 00 8. 00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 29) Total (sum of line 1 and line 2) UHC INCOME	0	0 0 0 0		0			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00
9. 00 10. 00 11. 00 12. 00 13. 00 14. 00 15. 00 16. 00 17. 00	Total additions (sum of line 4-9) Subtotal (line 3 plus line 10) OTHER CHANGES IN NET ASSETS	0	0 0 0 0		0			9.00 10.00 11.00 12.00 13.00 14.00 15.00 16.00
18. 00 19. 00	Total deductions (sum of lines 12-17) Fund balance at end of period per balance sheet (line 11 minus line 18)	0	0		0			18. 00 19. 00

Health Financial Systems
STATEMENT OF PATLENT REVENUES AND OPERATING EXPENSES

			10 12/31/2014	5/27/2015 5:2			
	Cost Center Description	I npati ent	Outpati ent	Total	/ piii		
		1. 00	2. 00	3. 00			
	PART I - PATIENT REVENUES						
	General Inpatient Routine Services						
1.00	Hospi tal	27, 020, 26	54	27, 020, 264	1.00		
2.00	SUBPROVI DER - I PF				2.00		
3.00	SUBPROVI DER - I RF	1, 213, 42	20	1, 213, 420	3. 00		
4.00	SUBPROVI DER				4.00		
5.00	Swing bed - SNF		0	0	5. 00		
6.00	Swing bed - NF		0	0	6. 00		
7. 00	SKILLED NURSING FACILITY				7. 00		
8.00	NURSING FACILITY				8. 00		
9.00	OTHER LONG TERM CARE				9.00		
10. 00	Total general inpatient care services (sum of lines 1-9)	28, 233, 68	34	28, 233, 684	10. 00		
11 00	Intensive Care Type Inpatient Hospital Services	0.702.24		0.702.240	11 00		
11. 00 12. 00	INTENSIVE CARE UNIT CORONARY CARE UNIT	9, 793, 36	08	9, 793, 368	11. 00 12. 00		
12.00	BURN INTENSIVE CARE UNIT				12.00		
14. 00	SURGICAL INTENSIVE CARE UNIT				14.00		
15. 00	INTENSIVE NURSERY	5, 199, 47	13	5, 199, 473			
16. 00	Total intensive care type inpatient hospital services (sum of lines	14, 992, 84		14, 992, 841	16.00		
10.00	11-15)	14, 772, 0	''	14, 772, 041	10.00		
17. 00	Total inpatient routine care services (sum of lines 10 and 16)	43, 226, 52	25	43, 226, 525	17. 00		
18. 00	Ancillary services	108, 154, 68					
19. 00	Outpati ent servi ces	8, 227, 0		50, 188, 813			
20.00	RURAL HEALTH CLINIC		0 0	0	20.00		
21.00	FEDERALLY QUALIFIED HEALTH CENTER		0 0	0	21.00		
22.00	HOME HEALTH AGENCY				22.00		
23.00	AMBULANCE SERVICES				23. 00		
24.00	CMHC				24.00		
25.00	AMBULATORY SURGICAL CENTER (D. P. )				25.00		
26.00	HOSPI CE				26. 00		
27.00	PRO FEES / LOBBY PHARMACY	5, 832, 37					
28. 00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst	. 165, 440, 60	239, 938, 018	405, 378, 619	28. 00		
	G-3, line 1)						
00.00	PART II - OPERATING EXPENSES		104 550 //4		00.00		
29. 00 30. 00	Operating expenses (per Wkst. A, column 3, line 200) HOME OFFICE EXPENSE	27 224 0	101, 559, 661		29. 00 30. 00		
30.00	HOWE OFFICE EXPENSE	27, 234, 84	0		30.00		
32. 00			0		32.00		
33. 00			0		33.00		
34. 00			o o		34.00		
35. 00			o		35. 00		
36. 00	Total additions (sum of lines 30-35)		27, 234, 848		36. 00		
37.00	UHC ALLOCATIONS	603, 94			37.00		
38.00	OTHER	64, 60	)3		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)		668, 550		42.00		
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(trans	fer	128, 125, 959		43.00		
	to Wkst. G-3, line 4)						

		ON 1100D1 T41			6.5. 040.6	
	Financial Systems UNI MENT OF REVENUES AND EXPENSES	ON HOSPITAL,	Provi der CCN: 150023	Peri od:	u of Form CMS-2 Worksheet G-3	2552-10
				From 09/01/2014 To 12/31/2014	Date/Time Prep 5/27/2015 5:2	
					1.00	
1. 00	Total notions revenues (from West C.2. Don't L. co	Lump 2 Line	20)		1. 00 405, 378, 619	1. 00
2.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28) Less contractual allowances and discounts on patients' accounts			277, 548, 108	2. 00	
3. 00	Net patient revenues (line 1 minus line 2)	iits accounts	'		127, 830, 511	3.00
4. 00					128, 125, 959	4. 00
5. 00					-295, 448	5. 00
	OTHER I NCOME				210,110	
6.00	Contributions, donations, bequests, etc				0	6.00
7.00	Income from investments				0	7.00
8.00					0	8.00
9. 00					0	9.00
10.00				0	10.00	
11. 00				0	11. 00	
12.00	Parking lot receipts				0	12.00
13.00	Revenue from Laundry and Linen service				0	13.00
14.00					0	14.00
15.00	3 1	+0 0+005 +00	n notionto		0	15. 00 16. 00
16. 00 17. 00	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				0	17. 00
18. 00				0	18.00	
	0 Tuition (fees, sale of textbooks, uniforms, etc.)				0	19. 00
20. 00				0	20.00	
21. 00		10011			ő	21.00
22. 00	Rental of hospital space				0	22. 00
23. 00	Governmental appropriations				o	23. 00
24.00	OTHER REVENUE				2, 874, 324	24.00
24. 01	NON-OPERATING GAIN				821, 909	24.01
25.00	Total other income (sum of lines 6-24)				3, 696, 233	25.00
26.00	Total (line 5 plus line 25)				3, 400, 785	26.00
27. 00					0	27.00
	Total other expenses (sum of line 27 and subscript				0	28.00
29. 00	Net income (or loss) for the period (line 26 minus	line 28)		ļ	3, 400, 785	29. 00

	Financial Systems UNION HOSPITAL	-		u of Form CMS-2	2552-10
CALCUL	ATION OF CAPITAL PAYMENT	Provider CCN: 150023	Peri od:	Worksheet L	
From 09/01/2014				Parts I-III	
			To 12/31/2014	Date/Time Pre 5/27/2015 5:2	
		Title XVIII	Hospi tal	PPS	/ pili
	<u> </u>	THE ANTI	1103pi tui	113	
				1. 00	
-	PART I - FULLY PROSPECTIVE METHOD				
	CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier			1, 462, 434	1.00
1.01	Model 4 BPCI Capital DRG other than outlier			0	1.01
2.00	Capital DRG outlier payments			64, 108	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 re	porting period (see ins	tructions)	168. 48	3.00
4. 00	Number of interns & residents (see instructions)	har area for a con-	,	20. 67	
5. 00	Indirect medical education percentage (see instructions)			3. 52	
6. 00	Indirect medical education adjustment (multiply line 5 by the	sum of lines 1 and 1 0	1)	51, 478	
7. 00	Percentage of SSI recipient patient days to Medicare Part A p			5. 35	
7.00	30) (see instructions)	attent days (worksheet	L, part A fine	5. 55	7.00
8. 00	Percentage of Medicaid patient days to total days (see instru	ctions)		21. 59	8.00
9. 00	Sum of lines 7 and 8	ctions)		26. 94	
10.00		`		5. 61	
	Allowable disproportionate share percentage (see instructions				
11.00	Disproportionate share adjustment (line 10 times the sum of I			82, 043	1
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2,	2.01, 6 and 11)		1, 660, 063	12.00
				1. 00	
	PART II - PAYMENT UNDER REASONABLE COST			0	
1. 00	Program inpatient routine capital cost (see instructions)				
2.00	Program inpatient ancillary capital cost (see instructions)				2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)			0	
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	
1. 00	Program inpatient capital costs (see instructions)			0	1.00
2. 00	Program inpatient capital costs for extraordinary circumstance	es (see instructions)		0	
3. 00	Net program inpatient capital costs (line 1 minus line 2)	00 (000 11.01. 401. 01.0)		0	
4. 00	Applicable exception percentage (see instructions)			0.00	
5. 00	Capital cost for comparison to payments (line 3 x line 4)				
6. 00	Percentage adjustment for extraordinary circumstances (see instructions)			0 0. 00	
	, ,		v line ()		
7.00				0	
8. 00				0	
9.00				0	
10.00				0	10.00
11. 00	Carryover of accumulated capital minimum payment level over c Worksheet L, Part III, line 14)	apital payment (from pr	for year	0	11.00
12. 00				0	12.00
13. 00				0	ı
14. 00				0	
00	(if line 12 is negative, enter the amount on this line)			O	55
15. 00				0	15.00
	00 Current year operating and capital payment (see instructions)			0	
	17.00 (Current year excepting offset amount (see instructions)			-	17. 00
17.00	journality (300 motified of one of the control of one)		ı	O	1 17.00