

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 6:03 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015	Time: 6:03 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)**

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by COMMUNITY HOSPITAL OF INDIANA, INC. ( 150074 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-447,903	-532,343	27,131	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	-447,903	-532,343	27,131	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:01 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1500 NORTH RITTER AVENUE			PO Box:								
2.00	City: INDIANAPOLIS			State: IN		Zip Code: 46219		County: MARION				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			COMMUNITY HOSPITAL OF INDIANA, INC.	150074	26900	1	07/01/1966	N	P	P	
4.00	Subprovider - IPF											
5.00	Subprovider - IRF											
6.00	Subprovider - (Other)											
7.00	Swing Beds - SNF											
8.00	Swing Beds - NF											
9.00	Hospital-Based SNF											
10.00	Hospital-Based NF											
11.00	Hospital-Based OLTC											
12.00	Hospital-Based HHA											
13.00	Separately Certified ASC											
14.00	Hospital-Based Hospice											
15.00	Hospital-Based Health Clinic - RHC											
16.00	Hospital-Based Health Clinic - FQHC											
17.00	Hospital-Based (CMHC) I											
18.00	Renal Dialysis											
19.00	Other											
							From:		To:			
							1.00		2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2014		12/31/2014		20.00	
21.00	Type of Control (see instructions)								2		21.00	
Inpatient PPS Information												
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00	
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)						N		Y		22.01	
22.02	Is this a newly merged hospital that requires final uncompensated care payments to be determined at cost report settlement? (see instructions) Enter in column 1, "Y" for yes or "N" for no, for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no, for the portion of the cost reporting period on or after October 1.						N		N		22.02	
22.03	Did this hospital receive a geographic reclassification from urban to rural as a result of the OMB standards for delineating statistical areas adopted by CMS in FY2015? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period prior to October 1. Enter in column 2, "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions) Does this hospital contain at least 100 but not more than 499 beds (as counted in accordance with 42 CFR 412.105)? Enter in column 3, "Y" for yes or "N" for no.						N		N		22.03	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.								3		N	23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.			8,664	1,176	0	21	8,348	276		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.			0	0	0	0	0	0		25.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:01 pm		
		Urban/Rural	S	Date of Geogr		
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1				26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1				27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0				35.00
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(iii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N	N			39.00
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)	N	N			40.00
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	Y			25.85	22.67
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		21.42	21.51		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		25.65	25.65		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		19.85	19.92		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		25.65	25.65		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		5.80	5.73		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.	FAMILY MEDICINE	1350	5.80	5.73	61.20	
					1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<b>Teaching Hospitals that Claim Residents in Nonprovider Settings</b>							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000 64.00	
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	2.84	21.91	0.114747 65.00	

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		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all nonprovider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1, the program name associated with each of your primary care programs in which you trained residents. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	5.45	20.20	0.212476
				1.00	2.00	3.00
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0
75.00	Inpatient Rehabilitation Facility PPS Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			N	N	0
				1.00		
80.00	Long Term Care Hospital PPS Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.					N
85.00	TEFRA Providers Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					

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		V	XIX				
		1.00	2.00				
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y				90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N				91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N				92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N				93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N				94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00				95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N				96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00				97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00			
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.				N		110.00
		1.00	2.00	3.00			
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0			115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00			
118.01	List amounts of malpractice premiums and paid losses:	2,291,038	0				118.01
		1.00	2.00				
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N					118.02
119.00	DO NOT USE THIS LINE						119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N				120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y					121.00
<b>Transplant Center Information</b>							
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N					125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.						127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:01 pm	
		1.00		2.00			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00	
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00	
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00	
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00	
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00	
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00	
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00	
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y				140.00	
1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: COMMUNITY HEALTH NETWORK	Contractor's Name: WISCONSIN PHYSICIAN		Contractor's Number: 08101		141.00	
142.00	Street: 1500 N RITTER	PO Box: SERVICES				142.00	
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46219-3095		143.00	
		1.00					
144.00	Are provider based physicians' costs included in Worksheet A?	Y				144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y				145.00	
		1.00		2.00			
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N				146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N				147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N				148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N				149.00	
		Part A		Part B		Title V	
		1.00		2.00		3.00	
		4.00					
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N		N		N	
156.00	Subprovider - IPF	N		N		N	
157.00	Subprovider - IRF	N		N		N	
158.00	SUBPROVIDER	N		N		N	
159.00	SNF	N		N		N	
160.00	HOME HEALTH AGENCY	N		N		N	
161.00	CMHC	N		N		N	
		1.00					
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N				165.00	
		Name		County		State	
		0		1.00		2.00	
		3.00		4.00		5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)					0.00	
		1.00					
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y				167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 6:01 pm	
			Beginning 1.00	Ending 2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)		04/01/2014	06/30/2014	170.00
				1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. I, line 2, col. 6? Enter "Y" for yes and "N" for no. (see instructions)			N	171.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:01 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/29/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 6:01 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RONALD	HELMS		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH NETWORK			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-355-5501	RHELMS@COMMUNITY.COM		43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/29/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	258	80,393	0.00	0	1.00
2.00 HMO and other (see instructions)						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		258	80,393	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,380	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	39	8,766	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		309	93,539	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		309				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,670	8,035	48,076			1.00
2.00 HMO and other (see instructions)	6,921	9,600				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	16,670	8,035	48,076			7.00
8.00 INTENSIVE CARE UNIT	1,215	0	3,103			8.00
9.00 CORONARY CARE UNIT	3,334	0	7,361			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		574	3,432			13.00
14.00 Total (see instructions)	21,219	8,609	61,972	26.79	2,537.28	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	570			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				26.79	2,537.28	27.00
28.00 Observation Bed Days		300	2,931			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			284			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	276	350			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150074

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	4,507	4,057	13,156	1.00
2.00 HMO and other (see instructions)			1,394	0		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	230.00	0	4,507	4,057	13,156	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	230.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 6:01 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	152,987,459	1,544,756	154,532,215	5,277,542.00	29.28	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		472,400	0	472,400	3,715.00	127.16	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	725,020	951,904	1,676,924	55,728.00	30.09	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		3,307,942	4,066,014	7,373,956	285,902.00	25.79	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		1,190,691	0	1,190,691	15,683.00	75.92	11.00
12.00	Contract labor: Top level management and other management and administrative services		62,405	0	62,405	446.00	139.92	12.00
13.00	Contract labor: Physician-Part A - Administrative		388,670	0	388,670	3,650.00	106.48	13.00
14.00	Home office salaries & wage-related costs		17,541,283	0	17,541,283	301,707.00	58.14	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		46,632,632	0	46,632,632			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,637,314	0	2,637,314			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		42,196	0	42,196			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		362,171	0	362,171			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	3,161,623	0	3,161,623	94,311.00	33.52	26.00
27.00	Administrative & General	5.00	23,818,255	-3,907,818	19,910,437	675,060.00	29.49	27.00
28.00	Administrative & General under contract (see inst.)		2,255,340	0	2,255,340	31,306.00	72.04	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	4,979,782	0	4,979,782	174,410.00	28.55	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,744,196	0	1,744,196	124,291.00	14.03	32.00
33.00	Housekeeping under contract (see instructions)		494,154	0	494,154	10,621.00	46.53	33.00
34.00	Dietary	10.00	1,447,989	-911,181	536,808	28,620.00	18.76	34.00
35.00	Dietary under contract (see instructions)		108,769	0	108,769	3,114.00	34.93	35.00
36.00	Cafeteria	11.00	0	911,181	911,181	67,040.00	13.59	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	6,161,030	0	6,161,030	171,527.00	35.92	38.00
39.00	Central Services and Supply	14.00	2,558,318	0	2,558,318	141,270.00	18.11	39.00
40.00	Pharmacy	15.00	4,568,752	-87,744	4,481,008	94,869.00	47.23	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2015 6:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	4,817,863	0	4,817,863	216,148.00	22.29	41.00
42.00	Social Service	17.00	3,651,270	0	3,651,270	97,943.00	37.28	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150074

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2015 6:01 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	154,648,302	592,852	155,241,154	5,263,140.00	29.50	1.00
2.00	Excluded area salaries (see instructions)	3,307,942	4,066,014	7,373,956	285,902.00	25.79	2.00
3.00	Subtotal salaries (line 1 minus line 2)	151,340,360	-3,473,162	147,867,198	4,977,238.00	29.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	19,183,049	0	19,183,049	321,486.00	59.67	4.00
5.00	Subtotal wage-related costs (see inst.)	46,632,632	0	46,632,632	0.00	31.54	5.00
6.00	Total (sum of lines 3 thru 5)	217,156,041	-3,473,162	213,682,879	5,298,724.00	40.33	6.00
7.00	Total overhead cost (see instructions)	59,767,341	-3,995,562	55,771,779	1,930,530.00	28.89	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 6:01 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		4,331,431	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		18,316,812	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		321,375	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		13,373,414	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		199,417	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		105,036	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		1,306,458	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		967,778	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		10,807,528	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		-54,937	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		49,674,312	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital -Based SNF			8.00
9.00	Hospital -Based NF			9.00
10.00	Hospital -Based OLTC			10.00
11.00	Hospital -Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice			13.00
14.00	Hospital -Based Health Clinic RHC	0	0	14.00
15.00	Hospital -Based Health Clinic FQHC	0	0	15.00
16.00	Hospital -Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/27/2015 6:01 pm
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.253221	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		91,685,721	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		11,296,154	5.00	
6.00	Medicaid charges		357,683,346	6.00	
7.00	Medicaid cost (line 1 times line 6)		90,572,935	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,027,396	1,738,952	9,766,348	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,032,705	440,339	2,473,044	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,032,705	440,339	2,473,044	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		54,502,280	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		264,990	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		54,237,290	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		13,734,021	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		16,207,065	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		16,207,065	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	17,014,657	17,014,657	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	9,281,138	9,281,138	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,161,623	16,402,115	19,563,738	-305,227	19,258,511	4.00
5.00 00500 ADMINISTRATION & GENERAL	23,818,255	126,549,186	150,367,441	-32,675,657	117,691,784	5.00
7.00 00700 OPERATION OF PLANT	4,979,782	4,801,421	9,781,203	-207,796	9,573,407	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	820,773	820,773	-100	820,673	8.00
9.00 00900 HOUSEKEEPING	1,744,196	1,020,571	2,764,767	-28,854	2,735,913	9.00
10.00 01000 DIETARY	1,447,989	1,164,672	2,612,661	-1,138,687	1,473,974	10.00
11.00 01100 CAFETERIA	0	0	0	1,672,857	1,672,857	11.00
13.00 01300 NURSING ADMINISTRATION	6,161,030	-2,345,734	3,815,296	-92,441	3,722,855	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,558,318	-125,334	2,432,984	-11,009	2,421,975	14.00
15.00 01500 PHARMACY	4,568,752	11,787,329	16,356,081	-8,527,294	7,828,787	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,817,863	-1,222,086	3,595,777	-1,144	3,594,633	16.00
17.00 01700 SOCIAL SERVICE	3,651,270	-522,508	3,128,762	-1,704	3,127,058	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	223,084	767,490	990,574	0	990,574	19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	725,020	3,779,736	4,504,756	-2,788,060	1,716,696	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	2,735,603	2,735,603	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	377,559	-14,426	363,133	64,105	427,238	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	87,546	-49,731	37,815	25,933	63,748	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	97,953	97,953	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	25,266,002	4,033,194	29,299,196	-4,006,226	25,292,970	30.00
31.00 03100 INTENSIVE CARE UNIT	2,281,639	644,255	2,925,894	-214,902	2,710,992	31.00
32.00 03200 CORONARY CARE UNIT	3,536,929	901,294	4,438,223	-157,858	4,280,365	32.00
43.00 04300 NURSERY	0	0	0	2,135,284	2,135,284	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	2,205,035	12,966,663	15,171,698	-10,607,768	4,563,930	50.00
51.00 05100 RECOVERY ROOM	821,148	266,411	1,087,559	-58,232	1,029,327	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	1,155,178	1,155,178	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,941,699	1,706,915	4,648,614	-1,843,506	2,805,108	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,819,677	3,757,166	6,576,843	-627,333	5,949,510	55.00
57.00 05700 CT SCAN	738,959	791,806	1,530,765	343,059	1,873,824	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	398,310	544,538	942,848	-84,942	857,906	58.00
59.00 05900 CARDIAC CATHETERIZATION	909,929	5,021,155	5,931,084	-4,715,864	1,215,220	59.00
60.00 06000 LABORATORY	0	9,642,483	9,642,483	-4,471	9,638,012	60.00
64.00 06400 INTRAVENOUS THERAPY	246,308	104,584	350,892	-68,914	281,978	64.00
65.00 06500 RESPIRATORY THERAPY	2,506,675	734,057	3,240,732	-304,198	2,936,534	65.00
66.00 06600 PHYSICAL THERAPY	3,577,046	1,351,805	4,928,851	-2,161,486	2,767,365	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	938,142	938,142	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	298,676	298,676	68.00
69.00 06900 ELECTROCARDIOLOGY	1,605,846	572,323	2,178,169	-100,951	2,077,218	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,103,793	-52,208	1,051,585	-224,482	827,103	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,366,624	6,366,624	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	9,236,043	9,236,043	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	46,025,938	46,025,938	73.00
74.00 07400 RENAL DIALYSIS	0	705,474	705,474	-1,991	703,483	74.00
76.00 03330 ENDOSCOPY	285,778	300,580	586,358	-192,903	393,455	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	15,035,042	6,666,163	21,701,205	-1,614,341	20,086,864	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	198,905	112,711	311,616	-51,964	259,652	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	5,421,363	3,404,532	8,825,895	-1,476,247	7,349,648	76.03
76.04 03952 WOUND CARE CENTER	445,430	1,509,806	1,955,236	-1,350,509	604,727	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	6,698,431	51,814,722	58,513,153	-30,723,939	27,789,214	76.05
76.06 03953 IMAGING CENTERS	1,132,806	2,406,382	3,539,188	-679,817	2,859,371	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	105,563	1,755,288	1,860,851	-3,719	1,857,132	76.07
76.97 07697 CARDIAC REHABILITATION	282,288	57,439	339,727	-8,057	331,670	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	1,149,180	1,149,180	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	69,289	69,289	-76,288	-6,999	90.01
90.02 04951 HEALTHY HEARTS CENTER	1,123,560	336,431	1,459,991	-71,874	1,388,117	90.02
90.04 04953 PALLIATIVE CARE	458,589	-165,852	292,737	0	292,737	90.04
90.05 04954 INFUSION CENTERS	257,655	6,372,201	6,629,856	-6,321,802	308,054	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	2,760,019	1,364,605	4,124,624	-636,932	3,487,692	90.12
91.00 09100 EMERGENCY	6,657,911	3,613,085	10,270,996	-992,383	9,278,613	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	150,144,622	286,122,771	436,267,393	-16,621,502	419,645,891	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,533	1,318	14,851	0	14,851	190.00
191.00	19100 RESEARCH	484,548	71,813	556,361	-3,309	553,052	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	497,615	1,749,759	2,247,374	-1,826	2,245,548	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	1,207,585	1,207,585	-200,813	1,006,772	194.01
194.02	07952 MEDCHECKS	0	20,460	20,460	-18,234	2,226	194.02
194.03	07953 SCHOOL BASED CLINICS	421,796	98,524	520,320	-14,786	505,534	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	21,798	21,798	0	21,798	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	206,815	2,318,472	2,525,287	-312,093	2,213,194	194.06
194.07	07957 LI FE CHECK	126,730	53,252	179,982	-1,450	178,532	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	1,091,800	737,426	1,829,226	-28,057	1,801,169	194.08
194.09	07959 SURGERY CENTER EAST	0	8,059	8,059	17,202,070	17,210,129	194.09
200.00	TOTAL (SUM OF LINES 118-199)	152,987,459	292,411,237	445,398,696	0	445,398,696	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-692,128	16,322,529	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,594,044	13,875,182	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-61,638	19,196,873	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-68,771,659	48,920,125	5.00
7.00	00700	OPERATION OF PLANT	-943,746	8,629,661	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	820,673	8.00
9.00	00900	HOUSEKEEPING	0	2,735,913	9.00
10.00	01000	DIETARY	-107,792	1,366,182	10.00
11.00	01100	CAFETERIA	-110,257	1,562,600	11.00
13.00	01300	NURSING ADMINISTRATION	-98,901	3,623,954	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,421,975	14.00
15.00	01500	PHARMACY	-2,881,138	4,947,649	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-181,018	3,413,615	16.00
17.00	01700	SOCIAL SERVICE	0	3,127,058	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-990,574	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-234,802	1,481,894	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-200,624	2,534,979	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	-234,040	193,198	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	71,335	135,083	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	97,953	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-3,268,768	22,024,202	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,710,992	31.00
32.00	03200	CORONARY CARE UNIT	177,931	4,458,296	32.00
43.00	04300	NURSERY	0	2,135,284	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	4,563,930	50.00
51.00	05100	RECOVERY ROOM	0	1,029,327	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,155,178	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-215,405	2,589,703	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-52,416	5,897,094	55.00
57.00	05700	CT SCAN	0	1,873,824	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	857,906	58.00
59.00	05900	CARDIAC CATHETERIZATION	64,259	1,279,479	59.00
60.00	06000	LABORATORY	-1,187,894	8,450,118	60.00
64.00	06400	INTRAVENOUS THERAPY	0	281,978	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,936,534	65.00
66.00	06600	PHYSICAL THERAPY	-229,675	2,537,690	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	938,142	67.00
68.00	06800	SPEECH PATHOLOGY	0	298,676	68.00
69.00	06900	ELECTROCARDIOLOGY	36,801	2,114,019	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	28,804	855,907	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,366,624	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,236,043	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	46,025,938	73.00
74.00	07400	RENAL DIALYSIS	0	703,483	74.00
76.00	03330	ENDOSCOPY	0	393,455	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-11,687,553	8,399,311	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	-25,256	234,396	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	-3,459,004	3,890,644	76.03
76.04	03952	WOUND CARE CENTER	-6,708	598,019	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	-382,295	27,406,919	76.05
76.06	03953	IMAGING CENTERS	-35,610	2,823,761	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	1,857,132	76.07
76.97	07697	CARDIAC REHABILITATION	-28,526	303,144	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,149,180	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	47,507	40,508	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	1,388,117	90.02
90.04	04953	PALLIATIVE CARE	41,327	334,064	90.04
90.05	04954	INFUSION CENTERS	-6	308,048	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	-268,301	3,219,391	90.12
91.00	09100	EMERGENCY	-2,220	9,276,393	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150074

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-91,295,946	328,349,945	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	14,851	190.00
191.00	19100 RESEARCH	0	553,052	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	39,341	2,284,889	192.00
194.00	07950 HOME OFFICE	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	1,006,772	194.01
194.02	07952 MEDCHECKS	0	2,226	194.02
194.03	07953 SCHOOL BASED CLINICS	0	505,534	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	21,798	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 PAVILLIONS	0	2,213,194	194.06
194.07	07957 LI FE CHECK	-134,145	44,387	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	-826,807	974,362	194.08
194.09	07959 SURGERY CENTER EAST	0	17,210,129	194.09
200.00	TOTAL (SUM OF LINES 118-199)	-92,217,557	353,181,139	200.00

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 6:01 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - Labor and Delivery Salary</b>						
1.00	NURSERY	43.00	1,597,996	0	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00	864,508	0	2.00	
	TOTALS		2,462,504	0		
<b>B - Labor and Delivery Other</b>						
1.00	NURSERY	43.00		537,288	1.00	
2.00	DELIVERY ROOM & LABOR ROOM	52.00		290,670	2.00	
	TOTALS		0	827,958		
<b>C - Chargeable Medical Supplies</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,366,624	1.00	
2.00	LUTHERWOOD PARTNERSHIP	76.03	0	252	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
32.00		0.00	0	0	32.00	
33.00		0.00	0	0	33.00	
34.00		0.00	0	0	34.00	
35.00		0.00	0	0	35.00	
36.00		0.00	0	0	36.00	
37.00		0.00	0	0	37.00	
38.00		0.00	0	0	38.00	
	TOTALS		0	6,366,876		
<b>D - Depreciation Expense</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	13,830,615	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	

RECLASSIFICATIONS

Provider CCN: 150074

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

Worksheet A-6

Date/Time Prepared:  
5/27/2015 6:01 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
44.00		0.00	0	0	44.00
45.00		0.00	0	0	45.00
46.00		0.00	0	0	46.00
47.00		0.00	0	0	47.00
48.00		0.00	0	0	48.00
49.00		0.00	0	0	49.00
<b>TOTALS</b>					13,830,615
<b>E - Radiology Support Salary</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00	318,499		1.00
2.00	CT SCAN	57.00	315,433		2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	88,469		3.00
4.00	IMAGING CENTERS	76.06	94,324		4.00
			816,725	0	
<b>F - Radiology Support Other</b>					
1.00	RADIOLOGY-THERAPEUTIC	55.00		185,389	1.00
2.00	CT SCAN	57.00		183,604	2.00
3.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		51,495	3.00
4.00	IMAGING CENTERS	76.06		54,903	4.00
			0	475,391	
<b>G - Capital Insurance Costs</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	263,780	1.00
<b>TOTALS</b>			0	263,780	
<b>H - Implantable Device Recl ass</b>					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	33,269	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,034,915	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	9,236,043	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
<b>TOTALS</b>			0	10,304,227	
<b>I - Interest Expense</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,846,023	1.00
<b>TOTALS</b>			0	3,846,023	
<b>J - INTERNS AND RESIDENTS</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	592,852	2,142,751	1.00
2.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,544,756	0	2.00
<b>TOTALS</b>			2,137,608	2,142,751	
<b>K - Other Capital Rental</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,856,352	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,499,025	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
	TOTALS		0	8,355,377		
	M - Depreciation by CC					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	7,048,502		1.00
	TOTALS		0	7,048,502		
	N - Cafeteria Salary					
1.00	CAFETERIA	11.00	911,181	0		1.00
			911,181	0		
	O - Cafeteria Recl ass					
1.00	CAFETERIA	11.00	0	761,676		1.00
			0	761,676		
	P - Benefit Allocation					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00		162,744		1.00
2.00				0	162,744	2.00
				0	162,744	
	R - Pharm Resident Costs					
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02	87,744			1.00
			87,744		0	
	S - Pharmacy Residency Recl ass					
1.00	PHARMACY RESIDENCY-ALLIED HEALTH	23.02		10,209		1.00
				0	10,209	
	T - Drugs Charges to Pat					
1.00	RESPIRATORY THERAPY	65.00	0	232		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	8,171		2.00
3.00	DRUGS CHARGED TO PATIENTS	73.00	0	46,025,938		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00

Provider CCN: 150074

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 6:01 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	46,034,341	
U - Therapy Salary					
1.00	OCCUPATIONAL THERAPY	67.00	831,697	0	1.00
2.00	SPEECH PATHOLOGY	68.00	264,787	0	2.00
TOTALS			1,096,484	0	
V - Therapy Other					
1.00	OCCUPATIONAL THERAPY	67.00	0	106,445	1.00
2.00	SPEECH PATHOLOGY	68.00	0	33,889	2.00
TOTALS			0	140,334	
W - Plant Operations Expense					
1.00	OPERATION OF PLANT	7.00	0	237,276	1.00
2.00	EMS TRAINING-ALLIED HEALTH	23.00	0	297	2.00
3.00	ENDOSCOPY	76.00	0	64	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
TOTALS			0	237,637	
X - Dietary Food Service Allocation					
1.00	DIETARY	10.00		582,102	1.00
2.00	SOCIAL SERVICE	17.00		1	2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					8.00
9.00					9.00
10.00					10.00
11.00					11.00
12.00					12.00
13.00					13.00
14.00					14.00
15.00					15.00
16.00					16.00
17.00					17.00
18.00					18.00
19.00					19.00
20.00					20.00
21.00					21.00
22.00					22.00
23.00					23.00
24.00					24.00
TOTALS			0	582,103	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
Y - ISC LLC Salary Recl ass						
1.00	SURGERY CENTER EAST	194.09	3,907,818	0	1.00	
			3,907,818			
Z - Recl ass ISC LLC Other Expense						
1.00	SURGERY CENTER EAST	194.09	0	13,294,252	1.00	
				13,294,252		
AA - HYPERBARIC OXYGEN TX SALARY RECLASS						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	264,585	0	1.00	
			264,585			
AB - HBOT Other						
1.00	HYPERBARIC OXYGEN THERAPY	76.98	0	884,595	1.00	
	TOTALS		0	884,595		
AC - Radiology School Allied Health						
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	24,090	0	1.00	
			24,090			
AD - Radiology School Allied Health						
1.00	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	0	1,843	1.00	
				1,843		
AE - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00	46,362	0	1.00	
			46,362			
AF - EMS School Allied Health						
1.00	EMS TRAINING-ALLIED HEALTH	23.00	0	32,702	1.00	
				32,702		
AK - IHH Cat Scan Salary Recl ass						
1.00	CT_SCAN	57.00	81,507	0	1.00	
			81,507			
AL - IHH Cat Scan Other Recl ass						
1.00	CT_SCAN	57.00	0	16,400	1.00	
				16,400		
500.00	Grand Total: Increases		11,836,608	115,620,336	500.00	

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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
<b>A - Labor and Delivery Salary</b>							
1.00	ADULTS & PEDIATRICS	30.00	2,462,504	0	0		1.00
2.00		0.00	0	0	0		2.00
<b>TOTALS</b>			2,462,504	0			
<b>B - Labor and Delivery Other</b>							
1.00	ADULTS & PEDIATRICS	30.00		827,958			1.00
2.00			0	827,958			2.00
<b>C - Chargeable Medical Supplies</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	1,966	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	48,178	0		2.00
3.00	OPERATION OF PLANT	7.00	0	99,685	0		3.00
4.00	DIETARY	10.00	0	509	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,050	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	126,256	0		6.00
7.00	PHARMACY	15.00	0	32,140	0		7.00
8.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	5,170	0		8.00
9.00	EMS TRAINING-ALLIED HEALTH	23.00	0	480	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	342,126	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	103,861	0		11.00
12.00	CORONARY CARE UNIT	32.00	0	64,471	0		12.00
13.00	OPERATING ROOM	50.00	0	2,275,855	0		13.00
14.00	RECOVERY ROOM	51.00	0	54,956	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,990	0		15.00
16.00	RADIOLOGY-THERAPEUTIC	55.00	0	441,434	0		16.00
17.00	CT SCAN	57.00	0	120,642	0		17.00
18.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	2,990	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	0	1,625,182	0		19.00
20.00	LABORATORY	60.00	0	356	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	0	67,871	0		21.00
22.00	RESPIRATORY THERAPY	65.00	0	185,631	0		22.00
23.00	PHYSICAL THERAPY	66.00	0	8,338	0		23.00
24.00	ELECTROCARDIOLOGY	69.00	0	20,198	0		24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	33,944	0		25.00
26.00	RENAL DIALYSIS	74.00	0	1,214	0		26.00
27.00	ENDOSCOPY	76.00	0	162,965	0		27.00
28.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,899	0		28.00
29.00	WOUND CARE CENTER	76.04	0	58,792	0		29.00
30.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	39,014	0		30.00
31.00	IMAGING CENTERS	76.06	0	9,624	0		31.00
32.00	BREAST DIAGNOSTIC CENTER	76.07	0	3,545	0		32.00
33.00	CARDIAC REHABILITATION	76.97	0	2,025	0		33.00
34.00	HEALTHY HEARTS CENTER	90.02	0	1,388	0		34.00
35.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	2,169	0		35.00
36.00	EMERGENCY	91.00	0	388,096	0		36.00
37.00	OCCUPATIONAL HEALTH ON SITE SVCS	194.01	0	311	0		37.00
38.00	SCHOOL BASED CLINICS	194.03	0	2,555	0		38.00
<b>TOTALS</b>			0	6,366,876			
<b>D - Depreciation Expense</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	38,280	9		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	9,595,590	0		2.00
3.00	OPERATION OF PLANT	7.00	0	212,975	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	0	100	0		4.00
5.00	HOUSEKEEPING	9.00	0	16,026	0		5.00
6.00	DIETARY	10.00	0	32,386	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	46,386	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,343	0		8.00
9.00	PHARMACY	15.00	0	46,242	0		9.00
10.00	SOCIAL SERVICE	17.00	0	56	0		10.00
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	2,179	0		11.00
12.00	EMS TRAINING-ALLIED HEALTH	23.00	0	14,243	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	189,602	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	37,470	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	28,179	0		15.00
16.00	OPERATING ROOM	50.00	0	602,819	0		16.00
17.00	RECOVERY ROOM	51.00	0	1,432	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	342,156	0		18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	246,203	0		19.00

RECLASSIFICATIONS

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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
20.00	CT SCAN	57.00	0	58,833	0		20.00	
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	220,633	0		21.00	
22.00	CARDIAC CATHETERIZATION	59.00	0	34,477	0		22.00	
23.00	LABORATORY	60.00	0	2,486	0		23.00	
24.00	INTRAVENOUS THERAPY	64.00	0	539	0		24.00	
25.00	RESPIRATORY THERAPY	65.00	0	93,306	0		25.00	
26.00	PHYSICAL THERAPY	66.00	0	76,411	0		26.00	
27.00	ELECTROCARDIOLOGY	69.00	0	42,316	0		27.00	
28.00	ELECTROENCEPHALOGRAPHY	70.00	0	118,357	0		28.00	
29.00	RENAL DIALYSIS	74.00	0	503	0		29.00	
30.00	ENDOSCOPY	76.00	0	12,512	0		30.00	
31.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	139,444	0		31.00	
32.00	NEUROPSYCHIATRIC SERVICES	76.02	0	1,329	0		32.00	
33.00	LUTHERWOOD PARTNERSHIP	76.03	0	19,238	0		33.00	
34.00	WOUND CARE CENTER	76.04	0	20,591	0		34.00	
35.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	78,188	0		35.00	
36.00	IMAGING CENTERS	76.06	0	492,893	0		36.00	
37.00	CARDIAC REHABILITATION	76.97	0	4,157	0		37.00	
38.00	HEALTHY HEARTS CENTER	90.02	0	1,263	0		38.00	
39.00	INFUSION CENTERS	90.05	0	1,170	0		39.00	
40.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	105,654	0		40.00	
41.00	EMERGENCY	91.00	0	467,609	0		41.00	
42.00	RESEARCH	191.00	0	261	0		42.00	
43.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	2,340	0		43.00	
44.00	MEDCHECKS	194.02	0	18,234	0		44.00	
45.00	SCHOOL BASED CLINICS	194.03	0	778	0		45.00	
46.00	PAVILLIONS	194.06	0	312,093	0		46.00	
47.00	LIFE CHECK	194.07	0	1,450	0		47.00	
48.00	GROUP HOMES AND MISCL. N_R CTRS	194.08	0	28,057	0		48.00	
49.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,826	0		49.00	
	TOTALS		0	13,830,615				
<b>E - Radiology Support Salary</b>								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	816,725				1.00	
2.00							2.00	
3.00							3.00	
4.00							4.00	
			816,725	0				
<b>F - Radiology Support Other</b>								
1.00	RADIOLOGY-DIAGNOSTIC	54.00		475,391			1.00	
2.00							2.00	
3.00							3.00	
4.00							4.00	
			0	475,391				
<b>G - Capital Insurance Costs</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	263,780	12		1.00	
	TOTALS		0	263,780				
<b>H - Implantable Device Recl ass</b>								
1.00	OPERATING ROOM	50.00	0	7,024,887	0		1.00	
2.00	RADIOLOGY-THERAPEUTIC	55.00	0	159,033	0		2.00	
3.00	CARDIAC CATHETERIZATION	59.00	0	3,041,487	0		3.00	
4.00	ENDOSCOPY	76.00	0	17,052	0		4.00	
5.00	WOUND CARE CENTER	76.04	0	61,768	0		5.00	
	TOTALS		0	10,304,227				
<b>I - Interest Expense</b>								
1.00	ADMINISTRATIVE & GENERAL	5.00	0	3,846,023	9		1.00	
	TOTALS		0	3,846,023				
<b>J - INTERNS AND RESIDENTS</b>								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	592,852	3,687,507	0		1.00	
2.00		0.00	0	0	0		2.00	
	TOTALS		592,852	3,687,507				
<b>K - Other Capital Rental</b>								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	169,296	10		1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,725,112	10		2.00	
3.00	OPERATION OF PLANT	7.00	0	132,360	0		3.00	
4.00	HOUSEKEEPING	9.00	0	3,967	0		4.00	
5.00	DIETARY	10.00	0	8,146	0		5.00	
6.00	NURSING ADMINISTRATION	13.00	0	29,646	0		6.00	
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	887,234	0		7.00	

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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
8.00	PHARMACY	15.00	0	344,779	0		8.00	
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,144	0		9.00	
10.00	SOCIAL SERVICE	17.00	0	1,649	0		10.00	
11.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	4,943	0		11.00	
12.00	ADULTS & PEDIATRICS	30.00	0	6,868	0		12.00	
13.00	INTENSIVE CARE UNIT	31.00	0	63,159	0		13.00	
14.00	CORONARY CARE UNIT	32.00	0	52,628	0		14.00	
15.00	OPERATING ROOM	50.00	0	172,093	0		15.00	
16.00	RECOVERY ROOM	51.00	0	948	0		16.00	
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,791	0		17.00	
18.00	RADIOLOGY-THERAPEUTIC	55.00	0	586	0		18.00	
19.00	CT SCAN	57.00	0	74,376	0		19.00	
20.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	317	0		20.00	
21.00	CARDIAC CATHETERIZATION	59.00	0	1,373	0		21.00	
22.00	LABORATORY	60.00	0	158	0		22.00	
23.00	INTRAVENOUS THERAPY	64.00	0	389	0		23.00	
24.00	RESPIRATORY THERAPY	65.00	0	18,904	0		24.00	
25.00	PHYSICAL THERAPY	66.00	0	828,486	0		25.00	
26.00	ELECTROCARDIOLOGY	69.00	0	41,471	0		26.00	
27.00	ELECTROENCEPHALOGRAPHY	70.00	0	66,460	0		27.00	
28.00	RENAL DIALYSIS	74.00	0	274	0		28.00	
29.00	ENDOSCOPY	76.00	0	421	0		29.00	
30.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	1,274,309	0		30.00	
31.00	NEUROPSYCHIATRIC SERVICES	76.02	0	50,150	0		31.00	
32.00	LUTHERWOOD PARTNERSHIP	76.03	0	1,165,575	0		32.00	
33.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	281,101	0		33.00	
34.00	IMAGING CENTERS	76.06	0	319,006	0		34.00	
35.00	DIABETIC CARE CENTER	90.01	0	76,288	0		35.00	
36.00	HEALTHY HEARTS CENTER	90.02	0	68,837	0		36.00	
37.00	INFUSION CENTERS	90.05	0	40,112	0		37.00	
38.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	408,556	0		38.00	
39.00	EMERGENCY	91.00	0	32,465	0		39.00	
	TOTALS		0	8,355,377				
M - Depreciation by CC								
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	7,048,502	9		1.00	
	TOTALS		0	7,048,502				
N - Cafeteria Salary								
1.00	DIETARY	10.00	911,181	0			1.00	
			911,181	0				
O - Cafeteria Recl ass								
1.00	DIETARY	10.00	0	761,676			1.00	
			0	761,676				
P - Benefit Allocation								
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	38,287			1.00	
2.00	OCCUPATIONAL HEALTH ON SITE SVCS	194.01	0	124,457			2.00	
			0	162,744				
R - Pharm Resident Costs								
1.00	PHARMACY	15.00	87,744	0			1.00	
			87,744	0				
S - Pharmacy Residency Recl ass								
1.00	PHARMACY	15.00	0	10,209			1.00	
			0	10,209				
T - Drugs Charges to Pat								
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	253,164	0		1.00	
2.00	OPERATION OF PLANT	7.00	0	52	0		2.00	
3.00	NURSING ADMINISTRATION	13.00	0	15,160	0		3.00	
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,259	0		4.00	
5.00	PHARMACY	15.00	0	8,006,180	0		5.00	
6.00	EMS TRAINING-ALLIED HEALTH	23.00	0	533	0		6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	7,845	0		7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	1,639	0		8.00	
9.00	CORONARY CARE UNIT	32.00	0	1,375	0		9.00	
10.00	OPERATING ROOM	50.00	0	481,845	0		10.00	
11.00	RECOVERY ROOM	51.00	0	202	0		11.00	
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,039	0		12.00	
13.00	RADIOLOGY-THERAPEUTIC	55.00	0	271,736	0		13.00	
14.00	CT SCAN	57.00	0	16	0		14.00	
15.00	CARDIAC CATHETERIZATION	59.00	0	904	0		15.00	

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
16.00	INTRAVENOUS THERAPY	64.00	0	115	0	16.00	
17.00	PHYSICAL THERAPY	66.00	0	2,949	0	17.00	
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	1	0	18.00	
19.00	ENDOSCOPY	76.00	0	17	0	19.00	
20.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	62,555	0	20.00	
21.00	LUTHERWOOD PARTNERSHIP	76.03	0	35,504	0	21.00	
22.00	WOUND CARE CENTER	76.04	0	59,919	0	22.00	
23.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	30,296,138	0	23.00	
24.00	IMAGING CENTERS	76.06	0	39	0	24.00	
25.00	HEALTHY HEARTS CENTER	90.02	0	122	0	25.00	
26.00	INFUSION CENTERS	90.05	0	6,280,520	0	26.00	
27.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	118,598	0	27.00	
28.00	EMERGENCY	91.00	0	3,757	0	28.00	
29.00	OCCUPATIONAL HEALTH ONSITE SVCS	194.01	0	73,705	0	29.00	
30.00	SCHOOL BASED CLINICS	194.03	0	11,453	0	30.00	
	TOTALS		0	46,034,341			
<b>U - Therapy Salary</b>							
1.00	PHYSICAL THERAPY	66.00	1,096,484	0	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		1,096,484	0			
<b>V - Therapy Other</b>							
1.00	PHYSICAL THERAPY	66.00	0	140,334	0	1.00	
2.00		0.00	0	0	0	2.00	
	TOTALS		0	140,334			
<b>W - Plant Operations Expense</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,265	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	28,173	0	2.00	
3.00	HOUSEKEEPING	9.00	0	8,861	0	3.00	
4.00	DIETARY	10.00	0	6,891	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	0	199	0	5.00	
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,832	0	6.00	
7.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,878	0	7.00	
8.00	ADULTS & PEDIATRICS	30.00	0	7,125	0	8.00	
9.00	INTENSIVE CARE UNIT	31.00	0	3,397	0	9.00	
10.00	CORONARY CARE UNIT	32.00	0	4,075	0	10.00	
11.00	OPERATING ROOM	50.00	0	49,571	0	11.00	
12.00	RECOVERY ROOM	51.00	0	426	0	12.00	
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,897	0	13.00	
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	5,540	0	14.00	
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	881	0	15.00	
16.00	CARDIAC CATHETERIZATION	59.00	0	10,731	0	16.00	
17.00	LABORATORY	60.00	0	1,471	0	17.00	
18.00	RESPIRATORY THERAPY	65.00	0	6,589	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	2,956	0	19.00	
20.00	ELECTROCARDIOLOGY	69.00	0	4,205	0	20.00	
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,373	0	21.00	
22.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	24,602	0	22.00	
23.00	LUTHERWOOD PARTNERSHIP	76.03	0	30,462	0	23.00	
24.00	ONCOLOGY-CANCER CARE CENTER	76.05	0	2,569	0	24.00	
25.00	IMAGING CENTERS	76.06	0	6,578	0	25.00	
26.00	BREAST DIAGNOSTIC CENTER	76.07	0	174	0	26.00	
27.00	CARDIAC REHABILITATION	76.97	0	1,692	0	27.00	
28.00	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	1,571	0	28.00	
29.00	EMERGENCY	91.00	0	5,653	0	29.00	
	TOTALS		0	237,637			
<b>X - Dietary Food Service Allocation</b>							
1.00	ADULTS & PEDIATRICS	30.00		162,198		1.00	
2.00	INTENSIVE CARE UNIT	31.00		5,376		2.00	
3.00	CORONARY CARE UNIT	32.00		7,130		3.00	
4.00	OPERATING ROOM	50.00		698		4.00	
5.00	RECOVERY ROOM	51.00		268		5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00		3,677		6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00		6,689		7.00	
8.00	CT SCAN	57.00		18		8.00	
9.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00		85		9.00	
10.00	CARDIAC CATHETERIZATION	59.00		1,710		10.00	

Provider CCN: 150074

Period:  
From 01/01/2014  
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Worksheet A-6  
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		Decreases			Wkst. A-7 Ref.		
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
11.00	PHYSICAL THERAPY	66.00		5,528			11.00
12.00	ELECTROCARDIOLOGY	69.00		932			12.00
13.00	ELECTROENCEPHALOGRAPHY	70.00		2,347			13.00
14.00	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01		111,532			14.00
15.00	NEUROPSYCHIATRIC SERVICES	76.02		485			15.00
16.00	LUTHERWOOD PARTNERSHIP	76.03		225,720			16.00
17.00	WOUND CARE CENTER	76.04		259			17.00
18.00	ONCOLOGY-CANCER CARE CENTER	76.05		26,929			18.00
19.00	IMAGING CENTERS	76.06		904			19.00
20.00	CARDIAC REHABILITATION	76.97		183			20.00
21.00	HEALTHY HEARTS CENTER	90.02		264			21.00
22.00	FAMILY PRACTICE AND MATERNITY CARE	90.12		384			22.00
23.00	EMERGENCY	91.00		15,739			23.00
24.00	RESEARCH	191.00		3,048			24.00
				0	582,103		
Y - ISC LLC Salary Recl ass							
1.00	ADMINISTRATIVE & GENERAL	5.00	3,907,818				1.00
			3,907,818	0			
Z - Recl ass ISC LLC Other Expense							
1.00	ADMINISTRATIVE & GENERAL	5.00		13,294,252			1.00
			0	13,294,252			
AA - HYPERBARIC OXYGEN TX SALARY RECLASS							
1.00	WOUND CARE CENTER	76.04	264,585				1.00
			264,585	0			
AB - HBOT Other							
1.00	WOUND CARE CENTER	76.04	0	884,595	0		1.00
	TOTALS		0	884,595			
AC - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	24,090				1.00
			24,090	0			
AD - Radiology School Allied Health							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,843			1.00
			0	1,843			
AE - EMS School Allied Health							
1.00	EMERGENCY	91.00	46,362				1.00
			46,362	0			
AF - EMS School Allied Health							
1.00	EMERGENCY	91.00	0	32,702			1.00
			0	32,702			
AK - IHH Cat Scan Salary Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	81,507				1.00
			81,507	0			
AL - IHH Cat Scan Other Recl ass							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16,400			1.00
			0	16,400			
500.00	Grand Total: Decreases		10,291,852	117,165,092			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,432,807	310,241	0	310,241	0	1.00
2.00	Land Improvements	4,080,044	0	0	0	0	2.00
3.00	Buildings and Fixtures	172,240,742	83,565,959	0	83,565,959	1,202,231	3.00
4.00	Building Improvements	15,522,659	929,581	0	929,581	-78,287	4.00
5.00	Fixed Equipment	14,265,238	0	0	0	0	5.00
6.00	Movable Equipment	256,052,488	46,560,430	0	46,560,430	-3,764,146	6.00
7.00	HIT designated Assets	516,000	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	465,109,978	131,366,211	0	131,366,211	-2,640,202	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	465,109,978	131,366,211	0	131,366,211	-2,640,202	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	2,743,048	0				1.00
2.00	Land Improvements	4,080,044	0				2.00
3.00	Buildings and Fixtures	254,604,470	0				3.00
4.00	Building Improvements	16,530,527	0				4.00
5.00	Fixed Equipment	14,265,238	0				5.00
6.00	Movable Equipment	306,377,064	0				6.00
7.00	HIT designated Assets	516,000	0				7.00
8.00	Subtotal (sum of lines 1-7)	599,116,391	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	599,116,391	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150074

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

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

RECONCILIATION OF CAPITAL COSTS CENTERS		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet A-7 Part III Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	285,400,235	0	285,400,235	0.481856	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	306,893,064	0	306,893,064	0.518144	0	2.00
3.00	Total (sum of lines 1-2)	592,293,299	0	592,293,299	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,635,347	5,856,352	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	11,376,157	2,499,025	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,011,504	8,355,377	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	-1,432,950	263,780	0	0	16,322,529	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	13,875,182	2.00
3.00	Total (sum of lines 1-2)	-1,432,950	263,780	0	0	30,197,711	3.00

Provider CCN: 150074

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

Worksheet A-8  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)			0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-43,219		ADMINISTRATIVE & GENERAL	5.00		0	7.00
8.00 Television and radio service (chapter 21)	A	-23,350		CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)			0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,061,150					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)			0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	9,107,369					0	12.00
13.00 Laundry and linen service			0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-90,926		DIETARY	10.00		0	14.00
15.00 Rental of quarters to employee and others			0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00		0	16.00
17.00 Sale of drugs to other than patients			0		0.00		0	17.00
18.00 Sale of medical records and abstracts			0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00		0	19.00
20.00 Vending machines			0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			RESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist	A	-990,574		NONPHYSICIAN ANESTHETISTS	19.00		0	28.00
29.00 Physicians' assistant			0		0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)			0	ADULTS & PEDIATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00		0	32.00
33.00 Misc Revenue	B	-61,835		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.00
33.01 Misc Revenue	B	-911,779		ADMINISTRATIVE & GENERAL	5.00		0	33.01

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.	
			Cost Center		Line #		
			1.00	2.00	3.00		4.00
33.02	Misc Revenue	B	-963,758	OPERATION OF PLANT	7.00	0	33.02
33.03	Misc Revenue	B	-105,914	NURSING ADMINISTRATION	13.00	0	33.03
33.04	Misc Revenue	B	-200	PHARMACY	15.00	0	33.04
33.05	Misc Revenue	B	-181,018	MEDICAL RECORDS & LIBRARY	16.00	0	33.05
33.06	Misc Revenue	B	-117,349	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	33.06
33.07	Misc Revenue	B	-10,000	ADULTS & PEDIATRICS	30.00	0	33.07
33.08	Misc Revenue	B	-100,039	RADIOLOGY-DIAGNOSTIC	54.00	0	33.08
33.09	Misc Revenue	B	-52,416	RADIOLOGY-THERAPEUTIC	55.00	0	33.09
33.10	Misc Revenue	B	-109,172	PHYSICAL THERAPY	66.00	0	33.10
33.11	Misc Revenue	B	-573,038	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	33.11
33.12	Misc Revenue	B	-882,383	LUTHERWOOD PARTNERSHIP	76.03	0	33.12
33.13	Misc Revenue	B	-35,610	IMAGING CENTERS	76.06	0	33.13
33.14	Misc Revenue	B	-28,526	CARDIAC REHABILITATION	76.97	0	33.14
33.15	Misc Revenue	B	-51,805	FAMILY PRACTICE AND MATERNITY CARE	90.12	0	33.15
33.16	Misc Revenue	B	-300	EMERGENCY	91.00	0	33.16
33.17	Misc Rev MACL	B	-1,560	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18	Misc Rev MACL	B	-20,000	OPERATION OF PLANT	7.00	0	33.18
33.19	Misc Rev MACL	B	-3,681	DIETARY	10.00	0	33.19
33.20	Misc Rev MACL	B	-2,544,068	PHARMACY	15.00	0	33.20
33.21	Misc Rev MACL	B	-34,757	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0	33.21
33.22	Misc Revenue - Acct 35200	B	-13,185	DIETARY	10.00	0	33.22
33.23	Misc Revenue - Acct 35200	B	-75	ADULTS & PEDIATRICS	30.00	0	33.23
33.24	Misc Revenue - Acct 35200	B	-115,366	RADIOLOGY-DIAGNOSTIC	54.00	0	33.24
33.25	Leased Equipment CBI	B	-5,576,931	ADMINISTRATIVE & GENERAL	5.00	0	33.25
33.26			0		0.00	0	33.26
33.27	CMH Subsidy	B	-128,864	GROUP HOMES AND MI SC. N_R CTRS	194.08	0	33.27
33.28	Purchased Discounts	B	-99,139	ADMINISTRATIVE & GENERAL	5.00	0	33.28
33.29	Oper Fund Interest Income	B	-511,679	ADMINISTRATIVE & GENERAL	5.00	0	33.29
33.31	Trustee Fund Interest Income	B	-20,205	ADMINISTRATIVE & GENERAL	5.00	0	33.31
34.00	HAF Tax Offset	A	-11,338,666	ADMINISTRATIVE & GENERAL	5.00	0	34.00
34.01	00 Non-Allow Interest Expense	A	-3,369	CAP REL COSTS-BLDG & FIXT	1.00	11	34.01
34.02	00 Non-Allow Interest Expense	A	-57,809	ADMINISTRATIVE & GENERAL	5.00	0	34.02
34.03	LOC Non-Allow Interest Expense	A	-14,653	CAP REL COSTS-BLDG & FIXT	1.00	11	34.03
34.04	12A Non-Allow Interest Expense	A	-1,203,694	CAP REL COSTS-BLDG & FIXT	1.00	11	34.04
34.05	12A Non-Allow Interest Expense	A	57,765	ADMINISTRATIVE & GENERAL	5.00	0	34.05
34.06	12B Non-Allow Interest Expense	A	-54,799	CAP REL COSTS-BLDG & FIXT	1.00	11	34.06
34.07	12B Non-Allow Interest Expense	A	-654	ADMINISTRATIVE & GENERAL	5.00	0	34.07
34.08	50 BMO Loan Non-Allow Interest Expense	A	-156,435	CAP REL COSTS-BLDG & FIXT	1.00	11	34.08
35.00	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	219,451	EMS TRAINING-ALLIED HEALTH	23.00	0	35.00
35.01	INTERHOSPITAL ALLOCATION ALLIED HEALTH	A	71,335	RADIOLOGY SCHOOL-ALLIED HEALTH	23.01	0	35.01
36.02	Non Allow Marketing Expense	A	-106,007	ADMINISTRATIVE & GENERAL	5.00	0	36.02
36.03	A-8 Allied Health Program Expense -CHS	A	-116,683	EMS TRAINING-ALLIED HEALTH	23.00	0	36.03
36.04	A-8 Allied Health Program Expense -CHN	A	-53,751	EMS TRAINING-ALLIED HEALTH	23.00	0	36.04
36.05	A-8 Allied Health Program Expense -CHRH	A	-1,310	EMS TRAINING-ALLIED HEALTH	23.00	0	36.05
36.06	A-8 Allied Health Program Expense -CH&V	A	-79,603	EMS TRAINING-ALLIED HEALTH	23.00	0	36.06
36.07	A-8 Allied Health Program Expense -CH&V	A	-202,144	EMS TRAINING-ALLIED HEALTH	23.00	0	36.07
36.08	Patient Phone Cost - Depreciation	A	-14,594	CAP REL COSTS-MVBLE EQUIP	2.00	9	36.08
36.09	Pharmacy Residency	A	-336,870	PHARMACY	15.00	0	36.09
36.10	Depreciation Carryforward	A	36,751	CAP REL COSTS-BLDG & FIXT	1.00	9	36.10
36.11	Meals on Wheels Cost	A	-110,257	CAFETERIA	11.00	0	36.11
36.12	Medical Director Allocation	A	292,745	ADMINISTRATIVE & GENERAL	5.00	0	36.12
36.13	Medical Director Allocation	A	177,931	CORONARY CARE UNIT	32.00	0	36.13
36.14	Medical Director Allocation	A	64,259	CARDIAC CATHETERIZATION	59.00	0	36.14
36.15	Medical Director Allocation	A	55,461	ELECTROCARDIOLOGY	69.00	0	36.15
36.16	Medical Director Allocation	A	39,357	DIABETIC CARE CENTER	90.01	0	36.16

Provider CCN: 150074  
 Period: From 01/01/2014 To 12/31/2014  
 Worksheet A-8  
 Date/Time Prepared: 5/27/2015 6:01 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
36.18 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	233,734	PALLIATIVE CARE	90.04	0 36.18
36.19 INTERHOSPITAL ALLOCATION PALLIATIVE CARE AND DCC	A	8,085	DIABETIC CARE CENTER	90.01	0 36.19
36.20 Gallahue Professional Fee	A	-2,079,425	ADULTS & PEDIATRICS	30.00	0 36.20
36.21 Gallahue Professional Fee	A	-11,071,647	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 36.21
36.22 Gallahue Professional Fee	A	-2,543,141	LUTHERWOOD PARTNERSHIP	76.03	0 36.22
36.23 Gallahue Professional Fee	A	-134,145	LIFECHECK	194.07	0 36.23
36.24 Gallahue Professional Fee	A	-697,943	GROUP HOMES AND MISC. N_R CTRS	194.08	0 36.24
38.00 Bad Debt Expense	A	65	DIABETIC CARE CENTER	90.01	0 38.00
38.01 Bad Debt Expense	A	197	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 38.01
38.02 Bad Debt Expense	A	-55,260,221	ADMINISTRATIVE & GENERAL	5.00	0 38.02
38.03 Bad Debt Expense	A	-197,186	ADULTS & PEDIATRICS	30.00	0 38.03
38.04 Bad Debt Expense	A	-4,206	PHYSICAL THERAPY	66.00	0 38.04
38.05 Bad Debt Expense	A	-12,770	ELECTROCARDIOLOGY	69.00	0 38.05
38.06 Bad Debt Expense	A	-8,111	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.01	0 38.06
38.07 Bad Debt Expense	A	-25,256	NEUROPSYCHIATRIC SERVICES	76.02	0 38.07
38.08 Bad Debt Expense	A	-7,030	PALLIATIVE CARE	90.04	0 38.08
38.09 Bad Debt Expense	A	-6	INFUSION CENTERS	90.05	0 38.09
38.10 Bad Debt Expense	A	-216,496	FAMILY PRACTICE AND MATERNITY CARE	90.12	0 38.10
38.11 Bad Debt Expense	A	-9,310	PHYSICIANS' PRIVATE OFFICES	192.00	0 38.11
38.12		0		0.00	0 38.12
38.13		0		0.00	0 38.13
38.14		0		0.00	0 38.14
38.15		0		0.00	0 38.15
38.16		0		0.00	0 38.16
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-92,217,557			50.00

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

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

Provider CCN: 150074

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 6:01 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	60.00	LABORATORY	MACL	4,269,517	5,341,069 1.00
2.00	60.00	LABORATORY	MACL IHH	212,592	328,934 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	1400 N RITTER	194,941	736,140 3.00
3.01	7.00	OPERATION OF PLANT	1400 N RITTER	159,318	119,306 3.01
3.02	13.00	NURSING ADMINISTRATION	1400 N RITTER	29,518	22,505 3.02
3.03	70.00	ELECTROENCEPHALOGRAPHY	1400 N RITTER	93,618	64,814 3.03
3.04	76.05	ONCOLOGY-CANCER CARE CENTER	1400 N RITTER	142,157	108,383 3.04
3.05	192.00	PHYSICIANS' PRIVATE OFFICES	1400 N RITTER	48,651	0 3.05
3.06	69.00	ELECTROCARDIOLOGY	1400 N RITTER IHH	34,346	40,236 3.06
4.00	76.05	ONCOLOGY-CANCER CARE CENTER	1550 E COUNTY LINE	73,740	27,734 4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	CHNW - HOME OFFICE	704,071	0 4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	CHNW - HOME OFFICE	4,631,988	0 4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	CHNW - HOME OFFICE	27,286,049	21,665,939 4.03
4.04	21.00	I&R SERVICES-SALARY & FRINGE	INTERNS & RESIDENTS	1,484,073	1,601,526 4.04
4.05	22.00	I&R SERVICES-OTHER PRGM COST	INTERNS & RESIDENTS	2,534,979	2,735,603 4.05
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			41,899,558	32,792,189 5.00

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

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

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

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

6.00	B	CHNW	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150074

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2015 6:01 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	-1,071,552	0		1.00
2.00	-116,342	0		2.00
3.00	-541,199	0		3.00
3.01	40,012	0		3.01
3.02	7,013	0		3.02
3.03	28,804	0		3.03
3.04	33,774	0		3.04
3.05	48,651	0		3.05
3.06	-5,890	0		3.06
4.00	46,006	0		4.00
4.01	704,071	9		4.01
4.02	4,631,988	9		4.02
4.03	5,620,110	0		4.03
4.04	-117,453	0		4.04
4.05	-200,624	0		4.05
5.00	9,107,369			5.00

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

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

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 requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00			6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150074

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

Worksheet A-8-2

Date/Time Prepared:  
5/27/2015 6:01 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	273,211	273,211	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	982,082	982,082	0	0	0	2.00
3.00	66.00	AGGREGATE-PHYSICAL THERAPY	116,297	116,297	0	0	0	3.00
4.00	76.03	AGGREGATE-LUTHERWOOD PARTNERSHIP	33,480	33,480	0	0	0	4.00
5.00	76.04	AGGREGATE-WOUND CARE CENTER	6,708	6,708	0	0	0	5.00
6.00	76.05	AGGREGATE-ONCOLOGY-CANCER CARE CENTER	462,075	462,075	0	0	0	6.00
7.00	90.04	AGGREGATE-PALLIATIVE CARE	185,377	185,377	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	1,920	1,920	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,061,150	2,061,150	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	0	0	3.00
4.00	76.03	AGGREGATE-LUTHERWOOD PARTNERSHIP	0	0	0	0	0	4.00
5.00	76.04	AGGREGATE-WOUND CARE CENTER	0	0	0	0	0	5.00
6.00	76.05	AGGREGATE-ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	6.00
7.00	90.04	AGGREGATE-PALLIATIVE CARE	0	0	0	0	0	7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	0	0	0	273,211		1.00
2.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	0	0	0	982,082		2.00
3.00	66.00	AGGREGATE-PHYSICAL THERAPY	0	0	0	116,297		3.00
4.00	76.03	AGGREGATE-LUTHERWOOD PARTNERSHIP	0	0	0	33,480		4.00
5.00	76.04	AGGREGATE-WOUND CARE CENTER	0	0	0	6,708		5.00
6.00	76.05	AGGREGATE-ONCOLOGY-CANCER CARE CENTER	0	0	0	462,075		6.00
7.00	90.04	AGGREGATE-PALLIATIVE CARE	0	0	0	185,377		7.00
8.00	91.00	AGGREGATE-EMERGENCY	0	0	0	1,920		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	2,061,150		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	16,322,529	16,322,529			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,875,182		13,875,182		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	19,196,873	229,811	32,829	19,459,513	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	48,920,125	3,151,094	8,837,280	2,559,586	5.00
7.00 00700	OPERATION OF PLANT	8,629,661	2,417,849	192,015	640,176	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	820,673	0	85	0	8.00
9.00 00900	HOUSEKEEPING	2,735,913	321,807	16,984	224,225	9.00
10.00 01000	DIETARY	1,366,182	178,277	12,752	69,009	10.00
11.00 01100	CAFETERIA	1,562,600	417,607	19,281	117,137	11.00
13.00 01300	NURSING ADMINISTRATION	3,623,954	261,000	43,488	792,031	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,421,975	107,231	771,851	328,885	14.00
15.00 01500	PHARMACY	4,947,649	176,271	300,296	576,056	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,413,615	363,462	972	619,360	16.00
17.00 01700	SOCIAL SERVICE	3,127,058	126,819	715	469,389	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	28,679	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,481,894	84,275	6,030	215,577	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,534,979	0	0	76,214	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	193,198	84,748	12,100	54,497	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	135,083	14,156	0	14,351	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	97,953	0	0	11,280	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	22,024,202	2,788,540	92,823	2,931,568	30.00
31.00 03100	INTENSIVE CARE UNIT	2,710,992	221,768	85,486	293,316	31.00
32.00 03200	CORONARY CARE UNIT	4,458,296	425,707	68,646	454,690	32.00
43.00 04300	NURSERY	2,135,284	293,854	48,073	205,430	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	4,563,930	697,362	658,300	283,468	50.00
51.00 05100	RECOVERY ROOM	1,029,327	186,282	2,022	105,563	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,155,178	158,973	26,007	111,137	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,589,703	512,310	282,926	259,601	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	5,897,094	367,077	213,262	403,428	55.00
57.00 05700	CT SCAN	1,873,824	63,760	116,740	146,025	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	857,906	99,604	188,704	62,578	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,279,479	176,328	30,455	116,976	59.00
60.00 06000	LABORATORY	8,450,118	193,947	2,246	0	60.00
64.00 06400	INTRAVENOUS THERAPY	281,978	11,166	788	31,664	64.00
65.00 06500	RESPIRATORY THERAPY	2,936,534	65,520	95,324	322,246	65.00
66.00 06600	PHYSICAL THERAPY	2,537,690	79,543	47,696	318,889	66.00
67.00 06700	OCCUPATIONAL THERAPY	938,142	20,761	15,409	106,919	67.00
68.00 06800	SPEECH PATHOLOGY	298,676	6,605	4,906	34,040	68.00
69.00 06900	ELECTROCARDIOLOGY	2,114,019	26,685	36,998	206,440	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	855,907	48,411	101,944	141,898	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,366,624	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	9,236,043	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	46,025,938	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	703,483	0	660	0	74.00
76.00 03330	ENDOSCOPY	393,455	0	10,988	36,738	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	8,399,311	93,889	133,452	1,932,830	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	234,396	0	1,431	25,570	76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	3,890,644	0	23,718	696,943	76.03
76.04 03952	WOUND CARE CENTER	598,019	61,981	10,390	23,249	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	27,406,919	31,359	67,815	861,117	76.05
76.06 03953	IMAGING CENTERS	2,823,761	1,741	420,308	157,754	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	1,857,132	49,338	0	13,571	76.07
76.97 07697	CARDIAC REHABILITATION	303,144	74,036	3,531	36,290	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	1,149,180	42,374	7,102	34,014	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	40,508	0	73	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	1,388,117	102,897	1,258	144,439	90.02
90.04 04953	PALLIATIVE CARE	334,064	15,121	0	58,954	90.04
90.05 04954	INFUSION CENTERS	308,048	0	994	33,123	90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	3,219,391	7,192	90,208	354,814	90.12
91.00 09100	EMERGENCY	9,276,393	589,620	424,821	849,948	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						0 92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0 98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	328,349,945	15,448,158	13,562,182	18,591,682	326,294,743 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,851	0	0	1,740	16,591	190.00
191.00 19100 RESEARCH	553,052	43,907	500	62,291	659,750	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,284,889	104,506	1,989	63,971	2,455,355	192.00
194.00 07950 HOME OFFICE	0	630,347	0	0	630,347	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	1,006,772	60,769	2,145	0	1,069,686	194.01
194.02 07952 MEDCHECKS	2,226	0	15,558	0	17,784	194.02
194.03 07953 SCHOOL BASED CLINICS	505,534	0	782	54,224	560,540	194.03
194.04 07954 OCCUPATIONAL HEALTH CLINICS	21,798	0	0	0	21,798	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 PAVILLIONS	2,213,194	0	265,128	26,587	2,504,909	194.06
194.07 07957 LI FECHCK	44,387	0	1,232	16,292	61,911	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	974,362	34,842	25,666	140,356	1,175,226	194.08
194.09 07959 SURGERY CENTER EAST	17,210,129	0	0	502,370	17,712,499	194.09
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers						0 201.00
202.00 TOTAL (sum lines 118-201)	353,181,139	16,322,529	13,875,182	19,459,513	353,181,139	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	63,468,085					5.00
7.00	00700	OPERATION OF PLANT	2,602,510	14,482,211				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	179,805	0	1,000,563			8.00
9.00	00900	HOUSEKEEPING	722,703	442,852	0	4,464,484		9.00
10.00	01000	DIETARY	356,259	245,335	0	78,016	2,305,830	10.00
11.00	01100	CAFETERIA	463,693	574,687	0	182,749	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,034,123	359,173	2,596	114,216	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	795,219	147,565	0	46,925	0	14.00
15.00	01500	PHARMACY	1,314,492	242,574	0	77,138	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	963,349	500,175	0	159,055	0	16.00
17.00	01700	SOCIAL SERVICE	815,820	174,521	0	55,497	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	6,283	0	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	391,652	115,974	0	36,879	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	572,039	0	0	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	75,480	116,625	0	37,087	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	35,838	19,481	0	6,195	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	23,930	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,098,336	3,837,427	429,479	1,220,294	1,788,793	30.00
31.00	03100	INTENSIVE CARE UNIT	725,471	305,184	63,130	97,048	115,455	31.00
32.00	03200	CORONARY CARE UNIT	1,184,597	585,834	125,699	186,294	273,885	32.00
43.00	04300	NURSERY	587,692	404,385	40,622	128,594	127,697	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,358,917	959,669	40,381	305,173	0	50.00
51.00	05100	RECOVERY ROOM	289,875	256,351	0	81,519	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	317,938	218,770	21,975	69,568	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	798,417	705,011	17,897	224,192	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,507,404	505,150	21,272	160,636	0	55.00
57.00	05700	CT SCAN	482,035	87,742	37,163	27,902	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	264,812	137,070	10,147	43,588	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	351,225	242,652	4,687	77,163	0	59.00
60.00	06000	LABORATORY	1,894,165	266,899	0	84,873	0	60.00
64.00	06400	INTRAVENOUS THERAPY	71,329	15,366	0	4,886	0	64.00
65.00	06500	RESPIRATORY THERAPY	749,144	90,164	0	28,672	0	65.00
66.00	06600	PHYSICAL THERAPY	653,671	109,463	0	34,809	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	236,867	28,570	0	9,085	0	67.00
68.00	06800	SPEECH PATHOLOGY	75,410	9,089	0	2,890	0	68.00
69.00	06900	ELECTROCARDIOLOGY	522,299	36,722	0	11,678	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	251,530	66,621	2,006	21,185	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,394,749	0	3,006	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,023,358	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	10,083,059	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	154,258	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	96,650	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,313,287	129,204	0	41,087	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	57,265	0	0	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	1,010,208	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	151,957	85,294	0	27,123	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	6,214,461	43,155	5,045	13,723	0	76.05
76.06	03953	IMAGING CENTERS	745,626	2,396	0	762	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	420,627	67,897	0	21,591	0	76.07
76.97	07697	CARDIAC REHABILITATION	91,353	101,884	0	32,399	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	270,043	58,313	0	18,543	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	8,890	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	358,558	141,601	3,936	45,029	0	90.02
90.04	04953	PALLIATIVE CARE	89,412	20,809	0	6,617	0	90.04
90.05	04954	INFUSION CENTERS	74,959	0	0	0	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	804,346	9,897	0	3,147	0	90.12
91.00	09100	EMERGENCY	2,440,633	811,401	169,077	258,024	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00		SUBTOTALS (SUM OF LINES 1-117)	57,578,028	13,278,952	998,118	4,081,851	2,305,830	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,635	0	0	0	0 190.00
191.00	19100	RESEARCH	144,533	60,422	0	19,214	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	537,900	143,815	0	45,733	0 192.00
194.00	07950	HOME OFFICE	138,091	867,448	0	275,846	0 194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	234,338	83,627	0	26,593	0 194.01
194.02	07952	MEDCHECKS	3,896	0	0	0	0 194.02
194.03	07953	SCHOOL BASED CLINICS	122,799	0	0	0	0 194.03
194.04	07954	OCCUPATIONAL HEALTH CLINICS	4,775	0	0	0	0 194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06	07956	PAVILLIONS	548,755	0	0	0	0 194.06
194.07	07957	LIFECHECK	13,563	0	0	0	0 194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	257,459	47,947	2,445	15,247	0 194.08
194.09	07959	SURGERY CENTER EAST	3,880,313	0	0	0	0 194.09
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	63,468,085	14,482,211	1,000,563	4,464,484	2,305,830 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	3,337,754					11.00
13.00	01300	196,479	6,427,060				13.00
14.00	01400	0	0	4,619,651			14.00
15.00	01500	124,597	0	28,909	7,787,982		15.00
16.00	01600	249,193	0	3,570	0	6,272,751	16.00
17.00	01700	112,616	0	4,162	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	1	0	0	19.00
21.00	02100	64,694	0	10,817	0	0	21.00
22.00	02200	16,773	0	0	0	0	22.00
23.00	02300	16,773	0	6,032	0	0	23.00
23.01	02301	2,396	0	91	0	0	23.01
23.02	02302	2,396	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	766,751	3,932,427	163,145	0	507,878	30.00
31.00	03100	71,883	368,665	27,362	0	52,327	31.00
32.00	03200	129,389	0	35,590	0	93,592	32.00
43.00	04300	57,506	294,932	37,239	0	32,796	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	83,863	430,109	147,706	0	233,465	50.00
51.00	05100	23,961	0	7,982	0	45,218	51.00
52.00	05200	31,149	159,755	20,146	0	60,622	52.00
54.00	05400	81,467	0	31,918	0	146,203	54.00
55.00	05500	107,824	0	44,480	0	270,863	55.00
57.00	05700	33,545	0	27,097	0	269,899	57.00
58.00	05800	16,773	0	12,007	0	73,076	58.00
59.00	05900	28,753	0	833	0	229,510	59.00
60.00	06000	0	0	189,280	0	463,125	60.00
64.00	06400	7,188	0	442	0	4,999	64.00
65.00	06500	83,863	0	20,220	0	93,545	65.00
66.00	06600	19,169	0	10,828	0	79,640	66.00
67.00	06700	28,753	0	4,158	0	18,240	67.00
68.00	06800	9,584	0	1,324	0	6,041	68.00
69.00	06900	62,298	0	23,043	0	126,294	69.00
70.00	07000	35,941	0	6,946	0	20,577	70.00
71.00	07100	0	0	1,351,312	0	253,049	71.00
72.00	07200	0	0	1,878,619	0	201,030	72.00
73.00	07300	0	0	0	7,787,982	1,604,365	73.00
74.00	07400	0	0	129	0	11,569	74.00
76.00	03330	9,584	0	1,309	0	13,505	76.00
76.01	03550	234,817	0	75,957	0	106,289	76.01
76.02	03950	7,188	0	856	0	2,522	76.02
76.03	03951	0	0	58,528	0	9,293	76.03
76.04	03952	9,584	0	1,595	0	15,366	76.04
76.05	03480	198,876	0	128,555	0	330,913	76.05
76.06	03953	0	0	12,288	0	79,752	76.06
76.07	03954	2,396	0	12,555	0	32,691	76.07
76.97	07697	14,377	0	1,234	0	7,828	76.97
76.98	07698	7,188	0	13,694	0	13,335	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	43,130	0	16,654	0	16,501	90.02
90.04	04953	9,584	0	216	0	1,624	90.04
90.05	04954	0	0	3,200	0	9,817	90.05
90.12	04961	74,279	0	8,630	0	20,469	90.12
91.00	09100	242,005	1,241,172	133,063	0	714,923	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,318,585	6,427,060	4,563,722	7,787,982	6,272,751	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,396	0	0	0	0	190.00
191.00	19100 RESEARCH	16,773	0	959	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	26,069	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	2,268	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	1,913	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILIONS	0	0	3,195	0	0	194.06
194.07	07957 LI FE CHECK	0	0	58	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	21,467	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,337,754	6,427,060	4,619,651	7,787,982	6,272,751	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	4,886,597					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	34,963			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,407,792		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	3,200,005	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0	0	0	0	23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	3,790,874	0	0	724,251	962,545	30.00
31.00 03100 INTENSIVE CARE UNIT	244,677	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	580,427	0	0	0	0	32.00
43.00 04300 NURSERY	270,619	0	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	34,963	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03330 ENDOSCOPY	0	0	0	0	0	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	76.03
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	76.05
76.06 03953 IMAGING CENTERS	0	0	0	0	0	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	76.07
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARIIC OXYGEN THERAPY	0	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	90.02
90.04 04953 PALLIATIVE CARE	0	0	0	0	0	90.04
90.05 04954 INFUSION CENTERS	0	0	0	0	0	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	1,488,352	1,978,050	90.12
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS				
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00		18.00	19.00		21.00	22.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)		4,886,597	0	34,963	2,212,603	2,940,595	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	195,189	259,410	192.00
194.00	07950	HOME OFFICE	0	0	0	0	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02	07952	MEDCHECKS	0	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954	OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	0	0	0	0	0	194.06
194.07	07957	LIFECHECK	0	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09	07959	SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,886,597	0	34,963	2,407,792	3,200,005	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part I Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	596,540				23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	227,591			23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	135,559		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	52,059,333 30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	5,382,764 31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	8,602,646 32.00
43.00	04300	NURSERY	0	0	0	0	4,664,723 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	9,797,306 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	2,028,100 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,351,218 52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	227,591	0	0	5,877,236 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	9,498,490 55.00
57.00	05700	CT SCAN	0	0	0	0	3,165,732 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,766,265 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	2,538,061 59.00
60.00	06000	LABORATORY	0	0	0	0	11,544,653 60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	429,806 64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,485,232 65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	3,891,398 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,406,904 67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	448,565 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	3,166,476 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	1,552,966 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,368,740 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	13,339,050 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	135,559	0	65,636,903 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	870,099 74.00
76.00	03330	ENDOSCOPY	0	0	0	0	562,229 76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	13,460,123 76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	329,228 76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	5,689,334 76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	984,558 76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	35,301,938 76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	4,244,388 76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	2,477,798 76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	666,076 76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	1,613,786 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	49,471 90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	2,262,120 90.02
90.04	04953	PALLIATIVE CARE	0	0	0	0	536,401 90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	430,141 90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	8,058,775 90.12
91.00	09100	EMERGENCY	596,540	0	0	0	17,747,620 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

Worksheet B  
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Cost Center Description		EMS	RADIOLOGY	PHARMACY	PHARMACY	Subtotal	
		TRAINING-ALLIED HEALTH	SCHOOL-ALLIED HEALTH	RESIDENCY-ALLIED HEALTH	RESIDENCY-BTH ALLIED HEALTH		
		23.00	23.01	23.02	23.03		
SPECIAL PURPOSE COST CENTERS						24.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	596,540	227,591	135,559	0	318,286,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	22,622	190.00
191.00	19100 RESEARCH	0	0	0	0	901,651	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	3,663,471	192.00
194.00	07950 HOME OFFICE	0	0	0	0	1,911,732	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	1,416,512	194.01
194.02	07952 MEDCHECKS	0	0	0	0	21,680	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	685,252	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	26,573	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	0	0	3,056,859	194.06
194.07	07957 LIFE CHECK	0	0	0	0	75,532	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	1,519,791	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	21,592,812	194.09
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)	596,540	227,591	135,559	0	353,181,139	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

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5/27/2015 6:01 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	-1,686,796	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
43.00	04300	NURSERY	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
76.00	03330	ENDOSCOPY	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	76.03
76.04	03952	WOUND CARE CENTER	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	76.05
76.06	03953	IMAGING CENTERS	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	90.02
90.04	04953	PALLIATIVE CARE	0	90.04
90.05	04954	INFUSION CENTERS	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	-3,466,402	90.12
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150074

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-5,153,198	313,133,454	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	22,622	190.00
191.00	19100 RESEARCH	0	901,651	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-454,599	3,208,872	192.00
194.00	07950 HOME OFFICE	0	1,911,732	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	1,416,512	194.01
194.02	07952 MEDCHECKS	0	21,680	194.02
194.03	07953 SCHOOL BASED CLINICS	0	685,252	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	26,573	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 PAVILLIONS	0	3,056,859	194.06
194.07	07957 LIFECHECK	0	75,532	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	1,519,791	194.08
194.09	07959 SURGERY CENTER EAST	0	21,592,812	194.09
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-5,607,797	347,573,342	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
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5/27/2015 6:01 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	229,811	32,829	262,640	262,640 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	3,151,094	8,837,280	11,988,374	34,545 5.00
7.00 00700	OPERATION OF PLANT	0	2,417,849	192,015	2,609,864	8,640 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	85	85	0 8.00
9.00 00900	HOUSEKEEPING	0	321,807	16,984	338,791	3,026 9.00
10.00 01000	DIETARY	0	178,277	12,752	191,029	931 10.00
11.00 01100	CAFETERIA	0	417,607	19,281	436,888	1,581 11.00
13.00 01300	NURSING ADMINISTRATION	0	261,000	43,488	304,488	10,689 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	107,231	771,851	879,082	4,439 14.00
15.00 01500	PHARMACY	0	176,271	300,296	476,567	7,775 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	363,462	972	364,434	8,359 16.00
17.00 01700	SOCIAL SERVICE	0	126,819	715	127,534	6,335 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	387 19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	84,275	6,030	90,305	2,909 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	1,029 22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0	84,748	12,100	96,848	736 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	14,156	0	14,156	194 23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	152 23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0 23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	2,788,540	92,823	2,881,363	39,572 30.00
31.00 03100	INTENSIVE CARE UNIT	0	221,768	85,486	307,254	3,959 31.00
32.00 03200	CORONARY CARE UNIT	0	425,707	68,646	494,353	6,137 32.00
43.00 04300	NURSERY	0	293,854	48,073	341,927	2,773 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	697,362	658,300	1,355,662	3,826 50.00
51.00 05100	RECOVERY ROOM	0	186,282	2,022	188,304	1,425 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	158,973	26,007	184,980	1,500 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	512,310	282,926	795,236	3,504 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	367,077	213,262	580,339	5,445 55.00
57.00 05700	CT SCAN	0	63,760	116,740	180,500	1,971 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	99,604	188,704	288,308	845 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	176,328	30,455	206,783	1,579 59.00
60.00 06000	LABORATORY	0	193,947	2,246	196,193	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	11,166	788	11,954	427 64.00
65.00 06500	RESPIRATORY THERAPY	0	65,520	95,324	160,844	4,349 65.00
66.00 06600	PHYSICAL THERAPY	0	79,543	47,696	127,239	4,304 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	20,761	15,409	36,170	1,443 67.00
68.00 06800	SPEECH PATHOLOGY	0	6,605	4,906	11,511	459 68.00
69.00 06900	ELECTROCARDIOLOGY	0	26,685	36,998	63,683	2,786 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	48,411	101,944	150,355	1,915 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	660	660	0 74.00
76.00 03330	ENDOSCOPY	0	0	10,988	10,988	496 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	93,889	133,452	227,341	26,086 76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	1,431	1,431	345 76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	23,718	23,718	9,406 76.03
76.04 03952	WOUND CARE CENTER	0	61,981	10,390	72,371	314 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	31,359	67,815	99,174	11,622 76.05
76.06 03953	IMAGING CENTERS	0	1,741	420,308	422,049	2,129 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	49,338	0	49,338	183 76.07
76.97 07697	CARDIAC REHABILITATION	0	74,036	3,531	77,567	490 76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	0	42,374	7,102	49,476	459 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0	0	73	73	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	102,897	1,258	104,155	1,949 90.02
90.04 04953	PALLIATIVE CARE	0	15,121	0	15,121	796 90.04
90.05 04954	INFUSION CENTERS	0	0	994	994	447 90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	7,192	90,208	97,400	4,789 90.12
91.00 09100	EMERGENCY	0	589,620	424,821	1,014,441	11,471 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	15,448,158	13,562,182	29,010,340	250,928 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	23 190.00
191.00	19100 RESEARCH	0	43,907	500	44,407	841 191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	104,506	1,989	106,495	863 192.00
194.00	07950 HOME OFFICE	0	630,347	0	630,347	0 194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	60,769	2,145	62,914	0 194.01
194.02	07952 MEDCHECKS	0	0	15,558	15,558	0 194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	782	782	732 194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0 194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06	07956 PAVILLIONS	0	0	265,128	265,128	359 194.06
194.07	07957 LI FE CHECK	0	0	1,232	1,232	220 194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	34,842	25,666	60,508	1,894 194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	6,780 194.09
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	16,322,529	13,875,182	30,197,711	262,640 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 6:01 pm		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,022,919				5.00
7.00	00700	OPERATION OF PLANT	492,996	3,111,500			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	34,061	0	34,146		8.00
9.00	00900	HOUSEKEEPING	136,902	95,147	0	573,866	9.00
10.00	01000	DIETARY	67,487	52,710	0	10,028	322,185
11.00	01100	CAFETERIA	87,838	123,471	0	23,491	0
13.00	01300	NURSING ADMINISTRATION	195,895	77,168	89	14,681	0
14.00	01400	CENTRAL SERVICES & SUPPLY	150,639	31,704	0	6,032	0
15.00	01500	PHARMACY	249,005	52,117	0	9,915	0
16.00	01600	MEDICAL RECORDS & LIBRARY	182,488	107,463	0	20,445	0
17.00	01700	SOCIAL SERVICE	154,541	37,496	0	7,134	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	1,190	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	74,191	24,917	0	4,740	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	108,362	0	0	0	0
23.00	02300	EMS TRAINING-ALLIED HEALTH	14,298	25,057	0	4,767	0
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	6,789	4,185	0	796	0
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	4,533	0	0	0	0
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,155,213	824,471	14,658	156,856	249,941
31.00	03100	INTENSIVE CARE UNIT	137,427	65,569	2,154	12,475	16,132
32.00	03200	CORONARY CARE UNIT	224,399	125,866	4,290	23,946	38,269
43.00	04300	NURSERY	111,327	86,882	1,386	16,529	17,843
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	257,421	206,185	1,378	39,227	0
51.00	05100	RECOVERY ROOM	54,911	55,077	0	10,478	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,227	47,003	750	8,942	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,245	151,472	611	28,818	0
55.00	05500	RADIOLOGY-THERAPEUTIC	285,549	108,531	726	20,648	0
57.00	05700	CT SCAN	91,312	18,851	1,268	3,587	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50,164	29,449	346	5,603	0
59.00	05900	CARDIAC CATHETERIZATION	66,533	52,134	160	9,919	0
60.00	06000	LABORATORY	358,813	57,343	0	10,910	0
64.00	06400	INTRAVENOUS THERAPY	13,512	3,301	0	628	0
65.00	06500	RESPIRATORY THERAPY	141,911	19,372	0	3,686	0
66.00	06600	PHYSICAL THERAPY	123,825	23,518	0	4,474	0
67.00	06700	OCCUPATIONAL THERAPY	44,870	6,138	0	1,168	0
68.00	06800	SPEECH PATHOLOGY	14,285	1,953	0	372	0
69.00	06900	ELECTROCARDIOLOGY	98,940	7,890	0	1,501	0
70.00	07000	ELECTROENCEPHALOGRAPHY	47,647	14,313	68	2,723	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	264,209	0	103	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	383,287	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,910,143	0	0	0	0
74.00	07400	RENAL DIALYSIS	29,221	0	0	0	0
76.00	03330	ENDOSCOPY	18,309	0	0	0	0
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	438,208	27,760	0	5,281	0
76.02	03950	NEUROPSYCHIATRIC SERVICES	10,848	0	0	0	0
76.03	03951	LUTHERWOOD PARTNERSHIP	191,365	0	0	0	0
76.04	03952	WOUND CARE CENTER	28,785	18,325	0	3,486	0
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,177,211	9,272	172	1,764	0
76.06	03953	IMAGING CENTERS	141,245	515	0	98	0
76.07	03954	BREAST DIAGNOSTIC CENTER	79,680	14,588	0	2,775	0
76.97	07697	CARDIAC REHABILITATION	17,305	21,890	0	4,165	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	51,155	12,528	0	2,384	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	1,684	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	67,922	30,423	134	5,788	0
90.04	04953	PALLIATIVE CARE	16,937	4,471	0	851	0
90.05	04954	INFUSION CENTERS	14,200	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	152,368	2,126	0	405	0
91.00	09100	EMERGENCY	462,331	174,329	5,770	33,166	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,907,159	2,852,980	34,063	524,682	322,185

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	689	0	0	0	0	190.00
191.00	19100	RESEARCH	27,379	12,982	0	2,470	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	101,895	30,899	0	5,879	0	192.00
194.00	07950	HOME OFFICE	26,159	186,371	0	35,457	0	194.00
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	44,391	17,967	0	3,418	0	194.01
194.02	07952	MEDCHECKS	738	0	0	0	0	194.02
194.03	07953	SCHOOL BASED CLINICS	23,262	0	0	0	0	194.03
194.04	07954	OCCUPATIONAL HEALTH CLINICS	905	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	PAVILLIONS	103,951	0	0	0	0	194.06
194.07	07957	LIFECHECK	2,569	0	0	0	0	194.07
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	48,771	10,301	83	1,960	0	194.08
194.09	07959	SURGERY CENTER EAST	735,051	0	0	0	0	194.09
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	12,022,919	3,111,500	34,146	573,866	322,185	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	673,269					11.00
13.00	01300	39,632	642,642				13.00
14.00	01400	0	0	1,071,896			14.00
15.00	01500	25,133	0	6,708	827,220		15.00
16.00	01600	50,266	0	828	0	734,283	16.00
17.00	01700	22,716	0	966	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
21.00	02100	13,050	0	2,510	0	0	21.00
22.00	02200	3,383	0	0	0	0	22.00
23.00	02300	3,383	0	1,400	0	0	23.00
23.01	02301	483	0	21	0	0	23.01
23.02	02302	483	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	154,665	393,203	37,855	0	59,468	30.00
31.00	03100	14,500	36,863	6,349	0	6,127	31.00
32.00	03200	26,099	0	8,258	0	10,959	32.00
43.00	04300	11,600	29,490	8,641	0	3,840	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	16,916	43,007	34,272	0	27,337	50.00
51.00	05100	4,833	0	1,852	0	5,295	51.00
52.00	05200	6,283	15,974	4,674	0	7,098	52.00
54.00	05400	16,433	0	7,406	0	17,119	54.00
55.00	05500	21,750	0	10,321	0	31,715	55.00
57.00	05700	6,767	0	6,287	0	31,603	57.00
58.00	05800	3,383	0	2,786	0	8,556	58.00
59.00	05900	5,800	0	193	0	26,873	59.00
60.00	06000	0	0	43,919	0	54,228	60.00
64.00	06400	1,450	0	103	0	585	64.00
65.00	06500	16,916	0	4,692	0	10,953	65.00
66.00	06600	3,867	0	2,512	0	9,325	66.00
67.00	06700	5,800	0	965	0	2,136	67.00
68.00	06800	1,933	0	307	0	707	68.00
69.00	06900	12,566	0	5,347	0	14,788	69.00
70.00	07000	7,250	0	1,612	0	2,409	70.00
71.00	07100	0	0	313,548	0	29,630	71.00
72.00	07200	0	0	435,889	0	23,539	72.00
73.00	07300	0	0	0	827,220	187,660	73.00
74.00	07400	0	0	30	0	1,355	74.00
76.00	03330	1,933	0	304	0	1,581	76.00
76.01	03550	47,366	0	17,625	0	12,445	76.01
76.02	03950	1,450	0	199	0	295	76.02
76.03	03951	0	0	13,580	0	1,088	76.03
76.04	03952	1,933	0	370	0	1,799	76.04
76.05	03480	40,116	0	29,829	0	38,747	76.05
76.06	03953	0	0	2,851	0	9,338	76.06
76.07	03954	483	0	2,913	0	3,828	76.07
76.97	07697	2,900	0	286	0	917	76.97
76.98	07698	1,450	0	3,177	0	1,561	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	04950	0	0	0	0	0	90.01
90.02	04951	8,700	0	3,864	0	1,932	90.02
90.04	04953	1,933	0	50	0	190	90.04
90.05	04954	0	0	743	0	1,149	90.05
90.12	04961	14,983	0	2,002	0	2,397	90.12
91.00	09100	48,816	124,105	30,875	0	83,711	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	0	0	0	0	0	98.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	669,403	642,642	1,058,919	827,220	734,283	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	483	0	0	0	0	190.00
191.00	19100 RESEARCH	3,383	0	223	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	6,049	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	526	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	444	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILIONS	0	0	741	0	0	194.06
194.07	07957 LI FEHECK	0	0	13	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	4,981	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	673,269	642,642	1,071,896	827,220	734,283	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS		
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
	17.00	18.00	19.00	21.00	22.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	356,722					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	1,577			19.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		212,622		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			112,774	22.00
23.00 02300 EMS TRAINING-ALLIED HEALTH	0	0				23.00
23.01 02301 RADIOLOGY SCHOOL-ALLIED HEALTH	0	0				23.01
23.02 02302 PHARMACY RESIDENCY-ALLIED HEALTH	0	0				23.02
23.03 02303 PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	276,735	0				30.00
31.00 03100 INTENSIVE CARE UNIT	17,861	0				31.00
32.00 03200 CORONARY CARE UNIT	42,371	0				32.00
43.00 04300 NURSERY	19,755	0				43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0				52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0				59.00
60.00 06000 LABORATORY	0	0				60.00
64.00 06400 INTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPIRATORY THERAPY	0	0				65.00
66.00 06600 PHYSICAL THERAPY	0	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0				73.00
74.00 07400 RENAL DIALYSIS	0	0				74.00
76.00 03330 ENDOSCOPY	0	0				76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0				76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0				76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0				76.03
76.04 03952 WOUND CARE CENTER	0	0				76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0				76.05
76.06 03953 IMAGING CENTERS	0	0				76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0				76.07
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0				76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	0	0				90.00
90.01 04950 DIABETIC CARE CENTER	0	0				90.01
90.02 04951 HEALTHY HEARTS CENTER	0	0				90.02
90.04 04953 PALLIATIVE CARE	0	0				90.04
90.05 04954 INFUSION CENTERS	0	0				90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0				90.12
91.00 09100 EMERGENCY	0	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0				92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0				98.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	INTERNS & RESIDENTS				
		(SPECIFY)		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00		18.00	19.00		21.00	22.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
118.00	SUBTOTALS (SUM OF LINES 1-117)					0	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00		
191.00	19100	RESEARCH	0	0		191.00		
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00		
194.00	07950	HOME OFFICE	0	0		194.00		
194.01	07951	OCCUPATIONAL HEALTH ONSITE SVCS	0	0		194.01		
194.02	07952	MEDCHECKS	0	0		194.02		
194.03	07953	SCHOOL BASED CLINICS	0	0		194.03		
194.04	07954	OCCUPATIONAL HEALTH CLINICS	0	0		194.04		
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.05		
194.06	07956	PAVILLIONS	0	0		194.06		
194.07	07957	LIFECHECK	0	0		194.07		
194.08	07958	GROUP HOMES AND MISC. N_R CTRS	0	0		194.08		
194.09	07959	SURGERY CENTER EAST	0	0		194.09		
200.00		Cross Foot Adjustments			1,577	212,622	112,774	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	356,722	0	1,577	212,622	112,774	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		EMS TRAINING-ALLIED HEALTH	RADIOLOGY SCHOOL-ALLIED HEALTH	PHARMACY RESIDENCY-ALLIED HEALTH	PHARMACY RESIDENCY-BTH ALLIED HEALTH	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
18.00	01850						18.00
19.00	01900						19.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300	146,489					23.00
23.01	02301		26,624				23.01
23.02	02302			5,168			23.02
23.03	02303				0		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000					6,244,000	30.00
31.00	03100					626,670	31.00
32.00	03200					1,004,947	32.00
43.00	04300					651,993	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000					1,985,231	50.00
51.00	05100					322,175	51.00
52.00	05200					337,431	52.00
54.00	05400					1,171,844	54.00
55.00	05500					1,065,024	55.00
57.00	05700					342,146	57.00
58.00	05800					389,440	58.00
59.00	05900					369,974	59.00
60.00	06000					721,406	60.00
64.00	06400					31,960	64.00
65.00	06500					362,723	65.00
66.00	06600					299,064	66.00
67.00	06700					98,690	67.00
68.00	06800					31,527	68.00
69.00	06900					207,501	69.00
70.00	07000					228,292	70.00
71.00	07100					607,490	71.00
72.00	07200					842,715	72.00
73.00	07300					2,925,023	73.00
74.00	07400					31,266	74.00
76.00	03330					33,611	76.00
76.01	03550					802,112	76.01
76.02	03950					14,568	76.02
76.03	03951					239,157	76.03
76.04	03952					127,383	76.04
76.05	03480					1,407,907	76.05
76.06	03953					578,225	76.06
76.07	03954					153,788	76.07
76.97	07697					125,520	76.97
76.98	07698					122,190	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800					0	88.00
89.00	08900					0	89.00
90.00	09000					0	90.00
90.01	04950					1,757	90.01
90.02	04951					224,867	90.02
90.04	04953					40,349	90.04
90.05	04954					17,533	90.05
90.12	04961					276,470	90.12
91.00	09100					1,989,015	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850					0	98.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		EMS TRAINING-ALLIED HEALTH 23.00	RADIOLOGY SCHOOL-ALLIED HEALTH 23.01	PHARMACY RESIDENCY-ALLIED HEALTH 23.02	PHARMACY RESIDENCY-BTH ALLIED HEALTH 23.03	Subtotal	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	27,052,984	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					1,195	190.00
191.00	19100 RESEARCH					91,685	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES					252,080	192.00
194.00	07950 HOME OFFICE					878,334	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS					129,216	194.01
194.02	07952 MEDCHECKS					16,296	194.02
194.03	07953 SCHOOL BASED CLINICS					25,220	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS					905	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS					0	194.05
194.06	07956 PAVILLIONS					370,179	194.06
194.07	07957 LIFE CHECK					4,034	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS					128,498	194.08
194.09	07959 SURGERY CENTER EAST					741,831	194.09
200.00	Cross Foot Adjustments	146,489	26,624	5,168	0	505,254	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	146,489	26,624	5,168	0	30,197,711	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH		23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH		23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH		23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	6,244,000
31.00	03100	INTENSIVE CARE UNIT	0	626,670
32.00	03200	CORONARY CARE UNIT	0	1,004,947
43.00	04300	NURSERY	0	651,993
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	1,985,231
51.00	05100	RECOVERY ROOM	0	322,175
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	337,431
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,171,844
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,065,024
57.00	05700	CT SCAN	0	342,146
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	389,440
59.00	05900	CARDIAC CATHETERIZATION	0	369,974
60.00	06000	LABORATORY	0	721,406
64.00	06400	INTRAVENOUS THERAPY	0	31,960
65.00	06500	RESPIRATORY THERAPY	0	362,723
66.00	06600	PHYSICAL THERAPY	0	299,064
67.00	06700	OCCUPATIONAL THERAPY	0	98,690
68.00	06800	SPEECH PATHOLOGY	0	31,527
69.00	06900	ELECTROCARDIOLOGY	0	207,501
70.00	07000	ELECTROENCEPHALOGRAPHY	0	228,292
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	607,490
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	842,715
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,925,023
74.00	07400	RENAL DIALYSIS	0	31,266
76.00	03330	ENDOSCOPY	0	33,611
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	802,112
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	14,568
76.03	03951	LUTHERWOOD PARTNERSHIP	0	239,157
76.04	03952	WOUND CARE CENTER	0	127,383
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	1,407,907
76.06	03953	IMAGING CENTERS	0	578,225
76.07	03954	BREAST DIAGNOSTIC CENTER	0	153,788
76.97	07697	CARDIAC REHABILITATION	0	125,520
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	122,190
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0
90.01	04950	DIABETIC CARE CENTER	0	1,757
90.02	04951	HEALTHY HEARTS CENTER	0	224,867
90.04	04953	PALLIATIVE CARE	0	40,349
90.05	04954	INFUSION CENTERS	0	17,533
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	276,470
91.00	09100	EMERGENCY	0	1,989,015
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150074

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
OTHER REIMBURSABLE COST CENTERS				
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	27,052,984	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,195	190.00
191.00	19100 RESEARCH	0	91,685	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	252,080	192.00
194.00	07950 HOME OFFICE	0	878,334	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	129,216	194.01
194.02	07952 MEDCHECKS	0	16,296	194.02
194.03	07953 SCHOOL BASED CLINICS	0	25,220	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	905	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956 PAVILLIONS	0	370,179	194.06
194.07	07957 LIFECHECK	0	4,034	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	128,498	194.08
194.09	07959 SURGERY CENTER EAST	0	741,831	194.09
200.00	Cross Foot Adjustments	0	505,254	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	30,197,711	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	862,468				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		16,333,046			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	12,143	38,644	151,370,592		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	166,501	10,402,721	19,910,437	-63,468,085	5.00
7.00 00700	OPERATION OF PLANT	127,757	226,029	4,979,782	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	100	0	0	8.00
9.00 00900	HOUSEKEEPING	17,004	19,993	1,744,196	0	9.00
10.00 01000	DIETARY	9,420	15,011	536,808	0	10.00
11.00 01100	CAFETERIA	22,066	22,696	911,181	0	11.00
13.00 01300	NURSING ADMINISTRATION	13,791	51,192	6,161,030	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	5,666	908,577	2,558,318	0	14.00
15.00 01500	PHARMACY	9,314	353,491	4,481,008	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	19,205	1,144	4,817,863	0	16.00
17.00 01700	SOCIAL SERVICE	6,701	842	3,651,270	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	223,084	0	19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,453	7,098	1,676,924	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	592,852	0	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	4,478	14,243	423,921	0	23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	748	0	111,636	0	23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	87,744	0	23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	147,344	109,266	22,803,498	0	30.00
31.00 03100	INTENSIVE CARE UNIT	11,718	100,629	2,281,639	0	31.00
32.00 03200	CORONARY CARE UNIT	22,494	80,806	3,536,929	0	32.00
43.00 04300	NURSERY	15,527	56,589	1,597,996	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	36,848	774,912	2,205,035	0	50.00
51.00 05100	RECOVERY ROOM	9,843	2,380	821,148	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,400	30,614	864,508	0	52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	27,070	333,044	2,019,377	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	19,396	251,040	3,138,176	0	55.00
57.00 05700	CT SCAN	3,369	137,420	1,135,899	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,263	222,131	486,779	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	9,317	35,850	909,929	0	59.00
60.00 06000	LABORATORY	10,248	2,644	0	0	60.00
64.00 06400	INTRAVENOUS THERAPY	590	928	246,308	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,462	112,210	2,506,675	0	65.00
66.00 06600	PHYSICAL THERAPY	4,203	56,145	2,480,562	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	1,097	18,138	831,697	0	67.00
68.00 06800	SPEECH PATHOLOGY	349	5,775	264,787	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,410	43,552	1,605,846	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	2,558	120,003	1,103,793	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	777	0	0	74.00
76.00 03330	ENDOSCOPY	0	12,934	285,778	0	76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,961	157,092	15,035,042	0	76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	1,685	198,905	0	76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	0	27,920	5,421,363	0	76.03
76.04 03952	WOUND CARE CENTER	3,275	12,231	180,845	0	76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	1,657	79,828	6,698,431	0	76.05
76.06 03953	IMAGING CENTERS	92	494,762	1,227,130	0	76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	2,607	0	105,563	0	76.07
76.97 07697	CARDIAC REHABILITATION	3,912	4,157	282,288	0	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	2,239	8,360	264,585	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 04950	DIABETIC CARE CENTER	0	86	0	0	90.01
90.02 04951	HEALTHY HEARTS CENTER	5,437	1,481	1,123,560	0	90.02
90.04 04953	PALLIATIVE CARE	799	0	458,589	0	90.04
90.05 04954	INFUSION CENTERS	0	1,170	257,655	0	90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	380	106,188	2,760,019	0	90.12
91.00 09100	EMERGENCY	31,155	500,074	6,611,549	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					4.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	816,267	15,964,602	144,619,937	-63,468,085	262,826,658	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	13,533	0	16,591	190.00	
191.00 19100 RESEARCH	2,320	588	484,548	0	659,750	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,522	2,341	497,615	0	2,455,355	192.00	
194.00 07950 HOME OFFICE	33,307	0	0	0	630,347	194.00	
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	3,211	2,525	0	0	1,069,686	194.01	
194.02 07952 MEDCHECKS	0	18,314	0	0	17,784	194.02	
194.03 07953 SCHOOL BASED CLINICS	0	920	421,796	0	560,540	194.03	
194.04 07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	21,798	194.04	
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05	
194.06 07956 PAVILLIONS	0	312,093	206,815	0	2,504,909	194.06	
194.07 07957 LIFE CHECK	0	1,450	126,730	0	61,911	194.07	
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	1,841	30,213	1,091,800	0	1,175,226	194.08	
194.09 07959 SURGERY CENTER EAST	0	0	3,907,818	0	17,712,499	194.09	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	16,322,529	13,875,182	19,459,513	63,468,085	202.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	18.925373	0.849516	0.128555	0.219072	203.00	
204.00	Cost to be allocated (per Wkst. B, Part II)			262,640	12,022,919	204.00	
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001735	0.041499	205.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	556,067				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	211,999			8.00
9.00	00900	HOUSEKEEPING	17,004	0	539,063		9.00
10.00	01000	DIETARY	9,420	0	9,420	61,972	10.00
11.00	01100	CAFETERIA	22,066	0	22,066	0	1,393
13.00	01300	NURSING ADMINISTRATION	13,791	550	13,791	0	82
14.00	01400	CENTRAL SERVICES & SUPPLY	5,666	0	5,666	0	0
15.00	01500	PHARMACY	9,314	0	9,314	0	52
16.00	01600	MEDICAL RECORDS & LIBRARY	19,205	0	19,205	0	104
17.00	01700	SOCIAL SERVICE	6,701	0	6,701	0	47
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	4,453	0	4,453	0	27
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	7
23.00	02300	EMS TRAINING-ALLIED HEALTH	4,478	0	4,478	0	7
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	748	0	748	0	1
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	1
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	147,344	90,998	147,344	48,076	320
31.00	03100	INTENSIVE CARE UNIT	11,718	13,376	11,718	3,103	30
32.00	03200	CORONARY CARE UNIT	22,494	26,633	22,494	7,361	54
43.00	04300	NURSERY	15,527	8,607	15,527	3,432	24
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,848	8,556	36,848	0	35
51.00	05100	RECOVERY ROOM	9,843	0	9,843	0	10
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,400	4,656	8,400	0	13
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,070	3,792	27,070	0	34
55.00	05500	RADIOLOGY-THERAPEUTIC	19,396	4,507	19,396	0	45
57.00	05700	CT SCAN	3,369	7,874	3,369	0	14
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,263	2,150	5,263	0	7
59.00	05900	CARDIAC CATHETERIZATION	9,317	993	9,317	0	12
60.00	06000	LABORATORY	10,248	0	10,248	0	0
64.00	06400	INTRAVENOUS THERAPY	590	0	590	0	3
65.00	06500	RESPIRATORY THERAPY	3,462	0	3,462	0	35
66.00	06600	PHYSICAL THERAPY	4,203	0	4,203	0	8
67.00	06700	OCCUPATIONAL THERAPY	1,097	0	1,097	0	12
68.00	06800	SPEECH PATHOLOGY	349	0	349	0	4
69.00	06900	ELECTROCARDIOLOGY	1,410	0	1,410	0	26
70.00	07000	ELECTROENCEPHALOGRAPHY	2,558	425	2,558	0	15
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	637	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
76.00	03330	ENDOSCOPY	0	0	0	0	4
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,961	0	4,961	0	98
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	3
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0
76.04	03952	WOUND CARE CENTER	3,275	0	3,275	0	4
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,657	1,069	1,657	0	83
76.06	03953	IMAGING CENTERS	92	0	92	0	0
76.07	03954	BREAST DIAGNOSTIC CENTER	2,607	0	2,607	0	1
76.97	07697	CARDIAC REHABILITATION	3,912	0	3,912	0	6
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,239	0	2,239	0	3
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0
90.02	04951	HEALTHY HEARTS CENTER	5,437	834	5,437	0	18
90.04	04953	PALLIATIVE CARE	799	0	799	0	4
90.05	04954	INFUSION CENTERS	0	0	0	0	0
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	380	0	380	0	31
91.00	09100	EMERGENCY	31,155	35,824	31,155	0	101
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (MEALS SERVED)	
		7.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
118.00	SUBTOTALS (SUM OF LINES 1-117)	509,866	211,481	492,862	61,972	1,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	1	190.00
191.00	19100 RESEARCH	2,320	0	2,320	0	7	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,522	0	5,522	0	0	192.00
194.00	07950 HOME OFFICE	33,307	0	33,307	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	3,211	0	3,211	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	0	0	0	194.06
194.07	07957 LI FE CHECK	0	0	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	1,841	518	1,841	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
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)	14,482,211	1,000,563	4,464,484	2,305,830	3,337,754	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	26.044004	4.719659	8.281934	37.207610	2,396.090452	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,111,500	34,146	573,866	322,185	673,269	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	5.595549	0.161067	1.064562	5.198880	483.323044	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	523					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,203,052				14.00
15.00	01500	PHARMACY	0	189,008	100			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	23,341	0	1,236,602,543		16.00
17.00	01700	SOCIAL SERVICE	0	27,208	0	0	61,972	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	7	0	0	0	19.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	70,722	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	EMS TRAINING-ALLIED HEALTH	0	39,438	0	0	0	23.00
23.01	02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0	595	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY-ALLIED HEALTH	0	0	0	0	0	23.02
23.03	02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	320	1,066,636	0	100,113,895	48,076	30.00
31.00	03100	INTENSIVE CARE UNIT	30	178,893	0	10,314,706	3,103	31.00
32.00	03200	CORONARY CARE UNIT	0	232,685	0	18,449,127	7,361	32.00
43.00	04300	NURSERY	24	243,464	0	6,464,871	3,432	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35	965,694	0	46,021,123	0	50.00
51.00	05100	RECOVERY ROOM	0	52,185	0	8,913,551	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13	131,713	0	11,949,960	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	208,678	0	28,819,800	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	290,807	0	53,393,097	0	55.00
57.00	05700	CT SCAN	0	177,156	0	53,203,056	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	78,503	0	14,404,861	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,444	0	45,241,497	0	59.00
60.00	06000	LABORATORY	0	1,237,502	0	91,292,114	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,892	0	985,315	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	132,199	0	18,439,795	0	65.00
66.00	06600	PHYSICAL THERAPY	0	70,793	0	15,698,773	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	27,186	0	3,595,485	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	8,655	0	1,190,716	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	150,656	0	24,895,410	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	45,415	0	4,056,216	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,834,816	0	49,881,552	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	12,282,310	0	39,627,355	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	100	316,361,038	0	73.00
74.00	07400	RENAL DIALYSIS	0	842	0	2,280,518	0	74.00
76.00	03330	ENDOSCOPY	0	8,555	0	2,662,117	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	496,605	0	20,951,818	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	5,598	0	497,097	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	382,651	0	1,831,836	0	76.03
76.04	03952	WOUND CARE CENTER	0	10,430	0	3,028,986	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	840,489	0	65,230,245	0	76.05
76.06	03953	IMAGING CENTERS	0	80,338	0	15,720,788	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	82,084	0	6,444,193	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	8,067	0	1,543,134	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	89,532	0	2,628,612	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	108,885	0	3,252,632	0	90.02
90.04	04953	PALLIATIVE CARE	0	1,412	0	320,158	0	90.04
90.05	04954	INFUSION CENTERS	0	20,923	0	1,935,184	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	56,422	0	4,034,846	0	90.12
91.00	09100	EMERGENCY	101	869,959	0	140,927,066	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	523	29,837,393	100	1,236,602,543	61,972	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	6,271	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	170,441	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	14,827	0	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	12,507	0	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 PAVILLIONS	0	20,887	0	0	0	194.06
194.07	07957 LIFE CHECK	0	377	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	140,349	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,427,060	4,619,651	7,787,982	6,272,751	4,886,597	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	12,288.833652	0.152953	77,879.820000	0.005073	78.851691	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	642,642	1,071,896	827,220	734,283	356,722	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1,228.760994	0.035490	8,272.200000	0.000594	5.756180	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	18.00	19.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	100			19.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		53,352		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0			53,352	22.00
23.00 02300	EMS TRAINING-ALLIED HEALTH	0				100 23.00
23.01 02301	RADIOLOGY SCHOOL-ALLIED HEALTH	0				0 23.01
23.02 02302	PHARMACY RESIDENCY-ALLIED HEALTH	0				0 23.02
23.03 02303	PHARMACY RESIDENCY-BTH ALLIED HEALTH	0				0 23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0		16,048	16,048	0 30.00
31.00 03100	INTENSIVE CARE UNIT	0		0	0	0 31.00
32.00 03200	CORONARY CARE UNIT	0		0	0	0 32.00
43.00 04300	NURSERY	0		0	0	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	100	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03330	ENDOSCOPY	0	0	0	0	0 76.00
76.01 03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0 76.01
76.02 03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	0 76.02
76.03 03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	0 76.03
76.04 03952	WOUND CARE CENTER	0	0	0	0	0 76.04
76.05 03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0 76.05
76.06 03953	IMAGING CENTERS	0	0	0	0	0 76.06
76.07 03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	0 76.07
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 04950	DIABETIC CARE CENTER	0	0	0	0	0 90.01
90.02 04951	HEALTHY HEARTS CENTER	0	0	0	0	0 90.02
90.04 04953	PALLIATIVE CARE	0	0	0	0	0 90.04
90.05 04954	INFUSION CENTERS	0	0	0	0	0 90.05
90.12 04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	32,979	32,979	0 90.12
91.00 09100	EMERGENCY	0	0	0	0	100 91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	INTERNS & RESIDENTS		EMS TRAINING-ALLIED HEALTH (ASSIGNED TIME)	
	18.00		19.00	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	100	49,027	49,027	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	4,325	4,325	0	192.00
194.00 07950 HOME OFFICE	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	0	0	194.01
194.02 07952 MEDCHECKS	0	0	0	0	0	194.02
194.03 07953 SCHOOL BASED CLINICS	0	0	0	0	0	194.03
194.04 07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	0	0	194.04
194.05 07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956 PAVILLIONS	0	0	0	0	0	194.06
194.07 07957 LIFE CHECK	0	0	0	0	0	194.07
194.08 07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	0	0	194.08
194.09 07959 SURGERY CENTER EAST	0	0	0	0	0	194.09
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	34,963	2,407,792	3,200,005	596,540 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	349.630000	45.130304	59.979101	5,965.400000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	1,577	212,622	112,774	146,489 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	15.770000	3.985268	2.113773	1,464.890000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
19.00	01900				19.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
23.01	02301	100			23.01
23.02	02302	0	100		23.02
23.03	02303	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
32.00	03200	0	0	0	32.00
43.00	04300	0	0	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
54.00	05400	100	0	0	54.00
55.00	05500	0	0	0	55.00
57.00	05700	0	0	0	57.00
58.00	05800	0	0	0	58.00
59.00	05900	0	0	0	59.00
60.00	06000	0	0	0	60.00
64.00	06400	0	0	0	64.00
65.00	06500	0	0	0	65.00
66.00	06600	0	0	0	66.00
67.00	06700	0	0	0	67.00
68.00	06800	0	0	0	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	100	0	73.00
74.00	07400	0	0	0	74.00
76.00	03330	0	0	0	76.00
76.01	03550	0	0	0	76.01
76.02	03950	0	0	0	76.02
76.03	03951	0	0	0	76.03
76.04	03952	0	0	0	76.04
76.05	03480	0	0	0	76.05
76.06	03953	0	0	0	76.06
76.07	03954	0	0	0	76.07
76.97	07697	0	0	0	76.97
76.98	07698	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
90.00	09000	0	0	0	90.00
90.01	04950	0	0	0	90.01
90.02	04951	0	0	0	90.02
90.04	04953	0	0	0	90.04
90.05	04954	0	0	0	90.05
90.12	04961	0	0	0	90.12
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150074

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		RADIOLOGY SCHOOL-ALLIED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-ALLI ED HEALTH (ASSIGNED TIME)	PHARMACY RESIDENCY-BTH ALLIED HEALTH (ASSIGNED TIME)	
		23.01	23.02	23.03	
OTHER REIMBURSABLE COST CENTERS					
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	100	100	0	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
194.00	07950 HOME OFFICE	0	0	0	194.00
194.01	07951 OCCUPATIONAL HEALTH ONSITE SVCS	0	0	0	194.01
194.02	07952 MEDCHECKS	0	0	0	194.02
194.03	07953 SCHOOL BASED CLINICS	0	0	0	194.03
194.04	07954 OCCUPATIONAL HEALTH CLINICS	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.05
194.06	07956 PAVILLIONS	0	0	0	194.06
194.07	07957 LIFE CHECK	0	0	0	194.07
194.08	07958 GROUP HOMES AND MISC. N_R CTRS	0	0	0	194.08
194.09	07959 SURGERY CENTER EAST	0	0	0	194.09
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)	227,591	135,559	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2,275.910000	1,355.590000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,624	5,168	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	266.240000	51.680000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:01 pm	
			Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS	50,372,537	50,372,537	0	50,372,537	30.00
31.00	03100 INTENSIVE CARE UNIT	5,382,764	5,382,764	0	5,382,764	31.00
32.00	03200 CORONARY CARE UNIT	8,602,646	8,602,646	0	8,602,646	32.00
43.00	04300 NURSERY	4,664,723	4,664,723	0	4,664,723	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	9,797,306	9,797,306	0	9,797,306	50.00
51.00	05100 RECOVERY ROOM	2,028,100	2,028,100	0	2,028,100	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,351,218	2,351,218	0	2,351,218	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,877,236	5,877,236	0	5,877,236	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,498,490	9,498,490	0	9,498,490	55.00
57.00	05700 CT SCAN	3,165,732	3,165,732	0	3,165,732	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,766,265	1,766,265	0	1,766,265	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,538,061	2,538,061	0	2,538,061	59.00
60.00	06000 LABORATORY	11,544,653	11,544,653	0	11,544,653	60.00
64.00	06400 INTRAVENOUS THERAPY	429,806	429,806	0	429,806	64.00
65.00	06500 RESPIRATORY THERAPY	4,485,232	4,485,232	0	4,485,232	65.00
66.00	06600 PHYSICAL THERAPY	3,891,398	3,891,398	0	3,891,398	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,406,904	1,406,904	0	1,406,904	67.00
68.00	06800 SPEECH PATHOLOGY	448,565	448,565	0	448,565	68.00
69.00	06900 ELECTROCARDIOLOGY	3,166,476	3,166,476	0	3,166,476	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,552,966	1,552,966	0	1,552,966	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,368,740	9,368,740	0	9,368,740	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,339,050	13,339,050	0	13,339,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,636,903	65,636,903	0	65,636,903	73.00
74.00	07400 RENAL DIALYSIS	870,099	870,099	0	870,099	74.00
76.00	03330 ENDOSCOPY	562,229	562,229	0	562,229	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,460,123	13,460,123	0	13,460,123	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	329,228	329,228	0	329,228	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	5,689,334	5,689,334	0	5,689,334	76.03
76.04	03952 WOUND CARE CENTER	984,558	984,558	0	984,558	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	35,301,938	35,301,938	0	35,301,938	76.05
76.06	03953 IMAGING CENTERS	4,244,388	4,244,388	0	4,244,388	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,477,798	2,477,798	0	2,477,798	76.07
76.97	07697 CARDIAC REHABILITATION	666,076	666,076	0	666,076	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,613,786	1,613,786	0	1,613,786	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	49,471	49,471	0	49,471	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,262,120	2,262,120	0	2,262,120	90.02
90.04	04953 PALLIATIVE CARE	536,401	536,401	0	536,401	90.04
90.05	04954 INFUSION CENTERS	430,141	430,141	0	430,141	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	4,592,373	4,592,373	0	4,592,373	90.12
91.00	09100 EMERGENCY	17,747,620	17,747,620	0	17,747,620	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,894,538	2,894,538	0	2,894,538	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00	Subtotal (see instructions)	316,027,992	316,027,992	0	316,027,992	200.00
201.00	Less Observation Beds	2,894,538	2,894,538	0	2,894,538	201.00
202.00	Total (see instructions)	313,133,454	313,133,454	0	313,133,454	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 6:01 pm		
			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	81,442,089		81,442,089				30.00
31.00	03100	INTENSIVE CARE UNIT	10,314,706		10,314,706				31.00
32.00	03200	CORONARY CARE UNIT	18,449,127		18,449,127				32.00
43.00	04300	NURSERY	6,464,871		6,464,871				43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	35,999,349	10,021,774	46,021,123	0.212887	0.000000		50.00
51.00	05100	RECOVERY ROOM	5,720,253	3,193,298	8,913,551	0.227530	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,949,960	0	11,949,960	0.196755	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,152,299	21,667,501	28,819,800	0.203930	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,128,772	49,264,325	53,393,097	0.177897	0.000000		55.00
57.00	05700	CT SCAN	14,627,488	38,575,568	53,203,056	0.059503	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,069,877	10,334,984	14,404,861	0.122616	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	21,955,916	23,285,581	45,241,497	0.056100	0.000000		59.00
60.00	06000	LABORATORY	48,173,308	43,118,806	91,292,114	0.126458	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	963,600	21,715	985,315	0.436212	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	16,139,553	2,300,242	18,439,795	0.243237	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,966,404	12,732,369	15,698,773	0.247879	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	1,938,481	1,657,004	3,595,485	0.391297	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	440,135	750,581	1,190,716	0.376719	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	7,146,243	17,749,167	24,895,410	0.127191	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,896	3,178,320	4,056,216	0.382861	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,274,344	33,607,208	49,881,552	0.187820	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,756,066	17,871,289	39,627,355	0.336612	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,415,245	262,945,793	316,361,038	0.207475	0.000000		73.00
74.00	07400	RENAL DIALYSIS	2,280,518	0	2,280,518	0.381536	0.000000		74.00
76.00	03330	ENDOSCOPY	1,140,580	1,521,537	2,662,117	0.211196	0.000000		76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20,951,818	20,951,818	0.642432	0.000000		76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	9,919	487,178	497,097	0.662301	0.000000		76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,831,836	1,831,836	3.105810	0.000000		76.03
76.04	03952	WOUND CARE CENTER	51,460	2,977,526	3,028,986	0.325045	0.000000		76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,077,927	63,152,318	65,230,245	0.541190	0.000000		76.05
76.06	03953	IMAGING CENTERS	83,739	15,637,049	15,720,788	0.269986	0.000000		76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	10,157	6,434,036	6,444,193	0.384501	0.000000		76.07
76.97	07697	CARDIAC REHABILITATION	2,042	1,541,092	1,543,134	0.431638	0.000000		76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,137	2,621,475	2,628,612	0.613931	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0				89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000		90.01
90.02	04951	HEALTHY HEARTS CENTER	27,026	3,225,606	3,252,632	0.695474	0.000000		90.02
90.04	04953	PALLIATIVE CARE	320,158	0	320,158	1.675426	0.000000		90.04
90.05	04954	INFUSION CENTERS	0	1,935,184	1,935,184	0.222274	0.000000		90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	805,513	3,229,333	4,034,846	1.138178	0.000000		90.12
91.00	09100	EMERGENCY	28,127,841	112,799,225	140,927,066	0.125935	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,108,990	17,562,816	18,671,806	0.155022	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000		98.00
200.00		Subtotal (see instructions)	428,418,989	808,183,554	1,236,602,543				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	428,418,989	808,183,554	1,236,602,543				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:01 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.212887		50.00
51.00	05100 RECOVERY ROOM	0.227530		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.196755		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203930		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.177897		55.00
57.00	05700 CT SCAN	0.059503		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.122616		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056100		59.00
60.00	06000 LABORATORY	0.126458		60.00
64.00	06400 INTRAVENOUS THERAPY	0.436212		64.00
65.00	06500 RESPIRATORY THERAPY	0.243237		65.00
66.00	06600 PHYSICAL THERAPY	0.247879		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.391297		67.00
68.00	06800 SPEECH PATHOLOGY	0.376719		68.00
69.00	06900 ELECTROCARDIOLOGY	0.127191		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382861		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.187820		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336612		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.207475		73.00
74.00	07400 RENAL DIALYSIS	0.381536		74.00
76.00	03330 ENDOSCOPY	0.211196		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.642432		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.662301		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	3.105810		76.03
76.04	03952 WOUND CARE CENTER	0.325045		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.541190		76.05
76.06	03953 IMAGING CENTERS	0.269986		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.384501		76.07
76.97	07697 CARDIAC REHABILITATION	0.431638		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.613931		76.98
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.695474		90.02
90.04	04953 PALLIATIVE CARE	1.675426		90.04
90.05	04954 INFUSION CENTERS	0.222274		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	1.138178		90.12
91.00	09100 EMERGENCY	0.125935		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.155022		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 6:01 pm	
		Title XIX		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	50,372,537		50,372,537	0	50,372,537	30.00
31.00	03100 INTENSIVE CARE UNIT	5,382,764		5,382,764	0	5,382,764	31.00
32.00	03200 CORONARY CARE UNIT	8,602,646		8,602,646	0	8,602,646	32.00
43.00	04300 NURSERY	4,664,723		4,664,723	0	4,664,723	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	9,797,306		9,797,306	0	9,797,306	50.00
51.00	05100 RECOVERY ROOM	2,028,100		2,028,100	0	2,028,100	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,351,218		2,351,218	0	2,351,218	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	5,877,236		5,877,236	0	5,877,236	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	9,498,490		9,498,490	0	9,498,490	55.00
57.00	05700 CT SCAN	3,165,732		3,165,732	0	3,165,732	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,766,265		1,766,265	0	1,766,265	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,538,061		2,538,061	0	2,538,061	59.00
60.00	06000 LABORATORY	11,544,653		11,544,653	0	11,544,653	60.00
64.00	06400 INTRAVENOUS THERAPY	429,806		429,806	0	429,806	64.00
65.00	06500 RESPIRATORY THERAPY	4,485,232	0	4,485,232	0	4,485,232	65.00
66.00	06600 PHYSICAL THERAPY	3,891,398	0	3,891,398	0	3,891,398	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,406,904	0	1,406,904	0	1,406,904	67.00
68.00	06800 SPEECH PATHOLOGY	448,565	0	448,565	0	448,565	68.00
69.00	06900 ELECTROCARDIOLOGY	3,166,476		3,166,476	0	3,166,476	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,552,966		1,552,966	0	1,552,966	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,368,740		9,368,740	0	9,368,740	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	13,339,050		13,339,050	0	13,339,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,636,903		65,636,903	0	65,636,903	73.00
74.00	07400 RENAL DIALYSIS	870,099		870,099	0	870,099	74.00
76.00	03330 ENDOSCOPY	562,229		562,229	0	562,229	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,460,123		13,460,123	0	13,460,123	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	329,228		329,228	0	329,228	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	5,689,334		5,689,334	0	5,689,334	76.03
76.04	03952 WOUND CARE CENTER	984,558		984,558	0	984,558	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	35,301,938		35,301,938	0	35,301,938	76.05
76.06	03953 IMAGING CENTERS	4,244,388		4,244,388	0	4,244,388	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	2,477,798		2,477,798	0	2,477,798	76.07
76.97	07697 CARDIAC REHABILITATION	666,076		666,076	0	666,076	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	1,613,786		1,613,786	0	1,613,786	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	49,471		49,471	0	49,471	90.01
90.02	04951 HEALTHY HEARTS CENTER	2,262,120		2,262,120	0	2,262,120	90.02
90.04	04953 PALLIATIVE CARE	536,401		536,401	0	536,401	90.04
90.05	04954 INFUSION CENTERS	430,141		430,141	0	430,141	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	4,592,373		4,592,373	0	4,592,373	90.12
91.00	09100 EMERGENCY	17,747,620		17,747,620	0	17,747,620	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,894,538		2,894,538	0	2,894,538	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
200.00	Subtotal (see instructions)	316,027,992	0	316,027,992	0	316,027,992	200.00
201.00	Less Observation Beds	2,894,538		2,894,538	0	2,894,538	201.00
202.00	Total (see instructions)	313,133,454	0	313,133,454	0	313,133,454	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 6:01 pm	
			Title XIX		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	81,442,089		81,442,089			30.00
31.00	03100	INTENSIVE CARE UNIT	10,314,706		10,314,706			31.00
32.00	03200	CORONARY CARE UNIT	18,449,127		18,449,127			32.00
43.00	04300	NURSERY	6,464,871		6,464,871			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	35,999,349	10,021,774	46,021,123	0.212887	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,720,253	3,193,298	8,913,551	0.227530	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,949,960	0	11,949,960	0.196755	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,152,299	21,667,501	28,819,800	0.203930	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	4,128,772	49,264,325	53,393,097	0.177897	0.000000	55.00
57.00	05700	CT SCAN	14,627,488	38,575,568	53,203,056	0.059503	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,069,877	10,334,984	14,404,861	0.122616	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	21,955,916	23,285,581	45,241,497	0.056100	0.000000	59.00
60.00	06000	LABORATORY	48,173,308	43,118,806	91,292,114	0.126458	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	963,600	21,715	985,315	0.436212	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	16,139,553	2,300,242	18,439,795	0.243237	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	2,966,404	12,732,369	15,698,773	0.247879	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,938,481	1,657,004	3,595,485	0.391297	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	440,135	750,581	1,190,716	0.376719	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	7,146,243	17,749,167	24,895,410	0.127191	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	877,896	3,178,320	4,056,216	0.382861	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,274,344	33,607,208	49,881,552	0.187820	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	21,756,066	17,871,289	39,627,355	0.336612	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,415,245	262,945,793	316,361,038	0.207475	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,280,518	0	2,280,518	0.381536	0.000000	74.00
76.00	03330	ENDOSCOPY	1,140,580	1,521,537	2,662,117	0.211196	0.000000	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20,951,818	20,951,818	0.642432	0.000000	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	9,919	487,178	497,097	0.662301	0.000000	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	1,831,836	1,831,836	3.105810	0.000000	76.03
76.04	03952	WOUND CARE CENTER	51,460	2,977,526	3,028,986	0.325045	0.000000	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	2,077,927	63,152,318	65,230,245	0.541190	0.000000	76.05
76.06	03953	IMAGING CENTERS	83,739	15,637,049	15,720,788	0.269986	0.000000	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	10,157	6,434,036	6,444,193	0.384501	0.000000	76.07
76.97	07697	CARDIAC REHABILITATION	2,042	1,541,092	1,543,134	0.431638	0.000000	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	7,137	2,621,475	2,628,612	0.613931	0.000000	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0.000000	0.000000	90.01
90.02	04951	HEALTHY HEARTS CENTER	27,026	3,225,606	3,252,632	0.695474	0.000000	90.02
90.04	04953	PALLIATIVE CARE	320,158	0	320,158	1.675426	0.000000	90.04
90.05	04954	INFUSION CENTERS	0	1,935,184	1,935,184	0.222274	0.000000	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	805,513	3,229,333	4,034,846	1.138178	0.000000	90.12
91.00	09100	EMERGENCY	28,127,841	112,799,225	140,927,066	0.125935	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,108,990	17,562,816	18,671,806	0.155022	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
200.00		Subtotal (see instructions)	428,418,989	808,183,554	1,236,602,543			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	428,418,989	808,183,554	1,236,602,543			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 6:01 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
43.00	04300 NURSERY			43.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.212887		50.00
51.00	05100 RECOVERY ROOM	0.227530		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.196755		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203930		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.177897		55.00
57.00	05700 CT SCAN	0.059503		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.122616		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056100		59.00
60.00	06000 LABORATORY	0.126458		60.00
64.00	06400 INTRAVENOUS THERAPY	0.436212		64.00
65.00	06500 RESPIRATORY THERAPY	0.243237		65.00
66.00	06600 PHYSICAL THERAPY	0.247879		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.391297		67.00
68.00	06800 SPEECH PATHOLOGY	0.376719		68.00
69.00	06900 ELECTROCARDIOLOGY	0.127191		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382861		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.187820		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336612		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.207475		73.00
74.00	07400 RENAL DIALYSIS	0.381536		74.00
76.00	03330 ENDOSCOPY	0.211196		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.642432		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.662301		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	3.105810		76.03
76.04	03952 WOUND CARE CENTER	0.325045		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.541190		76.05
76.06	03953 IMAGING CENTERS	0.269986		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.384501		76.07
76.97	07697 CARDIAC REHABILITATION	0.431638		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.613931		76.98
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 DIABETIC CARE CENTER	0.000000		90.01
90.02	04951 HEALTHY HEARTS CENTER	0.695474		90.02
90.04	04953 PALLIATIVE CARE	1.675426		90.04
90.05	04954 INFUSION CENTERS	0.222274		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	1.138178		90.12
91.00	09100 EMERGENCY	0.125935		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.155022		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Title XIX					Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount				
		1.00	2.00	3.00	4.00	5.00				
<b>ANCILLARY SERVICE COST CENTERS</b>										
50.00	05000	OPERATING ROOM	9,797,306	1,985,231	7,812,075	0	0	50.00		
51.00	05100	RECOVERY ROOM	2,028,100	322,175	1,705,925	0	0	51.00		
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,351,218	337,431	2,013,787	0	0	52.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,877,236	1,171,844	4,705,392	0	0	54.00		
55.00	05500	RADIOLOGY-THERAPEUTIC	9,498,490	1,065,024	8,433,466	0	0	55.00		
57.00	05700	CT SCAN	3,165,732	342,146	2,823,586	0	0	57.00		
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,766,265	389,440	1,376,825	0	0	58.00		
59.00	05900	CARDIAC CATHETERIZATION	2,538,061	369,974	2,168,087	0	0	59.00		
60.00	06000	LABORATORY	11,544,653	721,406	10,823,247	0	0	60.00		
64.00	06400	INTRAVENOUS THERAPY	429,806	31,960	397,846	0	0	64.00		
65.00	06500	RESPIRATORY THERAPY	4,485,232	362,723	4,122,509	0	0	65.00		
66.00	06600	PHYSICAL THERAPY	3,891,398	299,064	3,592,334	0	0	66.00		
67.00	06700	OCCUPATIONAL THERAPY	1,406,904	98,690	1,308,214	0	0	67.00		
68.00	06800	SPEECH PATHOLOGY	448,565	31,527	417,038	0	0	68.00		
69.00	06900	ELECTROCARDIOLOGY	3,166,476	207,501	2,958,975	0	0	69.00		
70.00	07000	ELECTROENCEPHALOGRAPHY	1,552,966	228,292	1,324,674	0	0	70.00		
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,368,740	607,490	8,761,250	0	0	71.00		
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,339,050	842,715	12,496,335	0	0	72.00		
73.00	07300	DRUGS CHARGED TO PATIENTS	65,636,903	2,925,023	62,711,880	0	0	73.00		
74.00	07400	RENAL DIALYSIS	870,099	31,266	838,833	0	0	74.00		
76.00	03330	ENDOSCOPY	562,229	33,611	528,618	0	0	76.00		
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,460,123	802,112	12,658,011	0	0	76.01		
76.02	03950	NEUROPSYCHIATRIC SERVICES	329,228	14,568	314,660	0	0	76.02		
76.03	03951	LUTHERWOOD PARTNERSHIP	5,689,334	239,157	5,450,177	0	0	76.03		
76.04	03952	WOUND CARE CENTER	984,558	127,383	857,175	0	0	76.04		
76.05	03480	ONCOLOGY-CANCER CARE CENTER	35,301,938	1,407,907	33,894,031	0	0	76.05		
76.06	03953	IMAGING CENTERS	4,244,388	578,225	3,666,163	0	0	76.06		
76.07	03954	BREAST DIAGNOSTIC CENTER	2,477,798	153,788	2,324,010	0	0	76.07		
76.97	07697	CARDIAC REHABILITATION	666,076	125,520	540,556	0	0	76.97		
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,613,786	122,190	1,491,596	0	0	76.98		
<b>OUTPATIENT SERVICE COST CENTERS</b>										
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00	09000	CLINIC	0	0	0	0	0	90.00		
90.01	04950	DIABETIC CARE CENTER	49,471	1,757	47,714	0	0	90.01		
90.02	04951	HEALTHY HEARTS CENTER	2,262,120	224,867	2,037,253	0	0	90.02		
90.04	04953	PALLIATIVE CARE	536,401	40,349	496,052	0	0	90.04		
90.05	04954	INFUSION CENTERS	430,141	17,533	412,608	0	0	90.05		
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	4,592,373	276,470	4,315,903	0	0	90.12		
91.00	09100	EMERGENCY	17,747,620	1,989,015	15,758,605	0	0	91.00		
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,894,538	358,795	2,535,743	0	0	92.00		
<b>OTHER REIMBURSABLE COST CENTERS</b>										
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00		
200.00		Subtotal (sum of lines 50 thru 199)	247,005,322	18,884,169	228,121,153	0	0	200.00		
201.00		Less Observation Beds	2,894,538	358,795	2,535,743	0	0	201.00		
202.00		Total (line 200 minus line 201)	244,110,784	18,525,374	225,585,410	0	0	202.00		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/27/2015 6:01 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	9,797,306	46,021,123	0.212887	50.00
51.00 05100 RECOVERY ROOM	2,028,100	8,913,551	0.227530	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,351,218	11,949,960	0.196755	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,877,236	28,819,800	0.203930	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	9,498,490	53,393,097	0.177897	55.00
57.00 05700 CT SCAN	3,165,732	53,203,056	0.059503	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,766,265	14,404,861	0.122616	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,538,061	45,241,497	0.056100	59.00
60.00 06000 LABORATORY	11,544,653	91,292,114	0.126458	60.00
64.00 06400 INTRAVENOUS THERAPY	429,806	985,315	0.436212	64.00
65.00 06500 RESPIRATORY THERAPY	4,485,232	18,439,795	0.243237	65.00
66.00 06600 PHYSICAL THERAPY	3,891,398	15,698,773	0.247879	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,406,904	3,595,485	0.391297	67.00
68.00 06800 SPEECH PATHOLOGY	448,565	1,190,716	0.376719	68.00
69.00 06900 ELECTROCARDIOLOGY	3,166,476	24,895,410	0.127191	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,552,966	4,056,216	0.382861	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,368,740	49,881,552	0.187820	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	13,339,050	39,627,355	0.336612	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	65,636,903	316,361,038	0.207475	73.00
74.00 07400 RENAL DIALYSIS	870,099	2,280,518	0.381536	74.00
76.00 03330 ENDOSCOPY	562,229	2,662,117	0.211196	76.00
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	13,460,123	20,951,818	0.642432	76.01
76.02 03950 NEUROPSYCHIATRIC SERVICES	329,228	497,097	0.662301	76.02
76.03 03951 LUTHERWOOD PARTNERSHIP	5,689,334	1,831,836	3.105810	76.03
76.04 03952 WOUND CARE CENTER	984,558	3,028,986	0.325045	76.04
76.05 03480 ONCOLOGY-CANCER CARE CENTER	35,301,938	65,230,245	0.541190	76.05
76.06 03953 IMAGING CENTERS	4,244,388	15,720,788	0.269986	76.06
76.07 03954 BREAST DIAGNOSTIC CENTER	2,477,798	6,444,193	0.384501	76.07
76.97 07697 CARDIAC REHABILITATION	666,076	1,543,134	0.431638	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	1,613,786	2,628,612	0.613931	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0.000000	90.00
90.01 04950 DIABETIC CARE CENTER	49,471	0	0.000000	90.01
90.02 04951 HEALTHY HEARTS CENTER	2,262,120	3,252,632	0.695474	90.02
90.04 04953 PALLIATIVE CARE	536,401	320,158	1.675426	90.04
90.05 04954 INFUSION CENTERS	430,141	1,935,184	0.222274	90.05
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	4,592,373	4,034,846	1.138178	90.12
91.00 09100 EMERGENCY	17,747,620	140,927,066	0.125935	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,894,538	18,671,806	0.155022	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	98.00
200.00 Subtotal (sum of lines 50 thru 199)	247,005,322	1,119,931,750		200.00
201.00 Less Observation Beds	2,894,538	0		201.00
202.00 Total (line 200 minus line 201)	244,110,784	1,119,931,750		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/27/2015 6:01 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,244,000	0	6,244,000	51,007	122.41	30.00	
31.00	INTENSIVE CARE UNIT	626,670		626,670	3,103	201.96	31.00	
32.00	CORONARY CARE UNIT	1,004,947		1,004,947	7,361	136.52	32.00	
43.00	NURSERY	651,993		651,993	3,432	189.97	43.00	
200.00	Total (Lines 30-199)	8,527,610		8,527,610	64,903		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	16,670	2,040,575					30.00
31.00	INTENSIVE CARE UNIT	1,215	245,381					31.00
32.00	CORONARY CARE UNIT	3,334	455,158					32.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	21,219	2,741,114					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 6:01 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,985,231	46,021,123	0.043137	16,242,706	700,662	50.00
51.00	05100	RECOVERY ROOM	322,175	8,913,551	0.036144	580,294	20,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	337,431	11,949,960	0.028237	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,171,844	28,819,800	0.040661	3,174,139	129,064	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,065,024	53,393,097	0.019947	1,932,964	38,557	55.00
57.00	05700	CT SCAN	342,146	53,203,056	0.006431	6,156,787	39,594	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	389,440	14,404,861	0.027035	1,658,190	44,829	58.00
59.00	05900	CARDIAC CATHETERIZATION	369,974	45,241,497	0.008178	7,014,053	57,361	59.00
60.00	06000	LABORATORY	721,406	91,292,114	0.007902	19,292,612	152,450	60.00
64.00	06400	INTRAVENOUS THERAPY	31,960	985,315	0.032436	404,682	13,126	64.00
65.00	06500	RESPIRATORY THERAPY	362,723	18,439,795	0.019671	6,592,596	129,683	65.00
66.00	06600	PHYSICAL THERAPY	299,064	15,698,773	0.019050	1,452,658	27,673	66.00
67.00	06700	OCCUPATIONAL THERAPY	98,690	3,595,485	0.027448	963,351	26,442	67.00
68.00	06800	SPEECH PATHOLOGY	31,527	1,190,716	0.026477	223,660	5,922	68.00
69.00	06900	ELECTROCARDIOLOGY	207,501	24,895,410	0.008335	3,263,240	27,199	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	228,292	4,056,216	0.056282	432,107	24,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	607,490	49,881,552	0.012179	5,991,694	72,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	842,715	39,627,355	0.021266	8,863,097	188,483	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,925,023	316,361,038	0.009246	19,948,054	184,440	73.00
74.00	07400	RENAL DIALYSIS	31,266	2,280,518	0.013710	1,357,363	18,609	74.00
76.00	03330	ENDOSCOPY	33,611	2,662,117	0.012626	617,935	7,802	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	802,112	20,951,818	0.038284	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	14,568	497,097	0.029306	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	239,157	1,831,836	0.130556	0	0	76.03
76.04	03952	WOUND CARE CENTER	127,383	3,028,986	0.042055	16,471	693	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	1,407,907	65,230,245	0.021584	55,862	1,206	76.05
76.06	03953	IMAGING CENTERS	578,225	15,720,788	0.036781	19,657	723	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	153,788	6,444,193	0.023865	798	19	76.07
76.97	07697	CARDIAC REHABILITATION	125,520	1,543,134	0.081341	476	39	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	122,190	2,628,612	0.046485	7,137	332	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	1,757	0	0.000000	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	224,867	3,252,632	0.069134	5,243	362	90.02
90.04	04953	PALLIATIVE CARE	40,349	320,158	0.126028	0	0	90.04
90.05	04954	INFUSION CENTERS	17,533	1,935,184	0.009060	0	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	276,470	4,034,846	0.068521	0	0	90.12
91.00	09100	EMERGENCY	1,989,015	140,927,066	0.014114	12,226,306	172,562	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	358,795	18,671,806	0.019216	492,880	9,471	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (Lines 50-199)	18,884,169	1,119,931,750		118,987,012	2,095,570	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,007	0.00	16,670	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,103	0.00	1,215	0		31.00
32.00	03200	CORONARY CARE UNIT	7,361	0.00	3,334	0		32.00
43.00	04300	NURSERY	3,432	0.00	0	0		43.00
200.00		Total (lines 30-199)	64,903		21,219	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	227,591	0	227,591 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	135,559	0	135,559 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03330	ENDOSCOPY	0	0	0	0	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	0	0	0	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0	0	0	76.05
76.06	03953	IMAGING CENTERS	0	0	0	0	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0	0	0	76.07
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0	0	0	90.02
90.04	04953	PALLIATIVE CARE	0	0	0	0	90.04
90.05	04954	INFUSION CENTERS	0	0	0	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	90.12
91.00	09100	EMERGENCY	0	0	596,540	0	596,540 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	959,690	0	959,690 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	46,021,123	0.000000	0.000000	16,242,706	50.00
51.00	05100 RECOVERY ROOM	0	8,913,551	0.000000	0.000000	580,294	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,949,960	0.000000	0.000000	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	227,591	28,819,800	0.007897	0.007897	3,174,139	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	53,393,097	0.000000	0.000000	1,932,964	55.00
57.00	05700 CT SCAN	0	53,203,056	0.000000	0.000000	6,156,787	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,404,861	0.000000	0.000000	1,658,190	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,241,497	0.000000	0.000000	7,014,053	59.00
60.00	06000 LABORATORY	0	91,292,114	0.000000	0.000000	19,292,612	60.00
64.00	06400 INTRAVENOUS THERAPY	0	985,315	0.000000	0.000000	404,682	64.00
65.00	06500 RESPIRATORY THERAPY	0	18,439,795	0.000000	0.000000	6,592,596	65.00
66.00	06600 PHYSICAL THERAPY	0	15,698,773	0.000000	0.000000	1,452,658	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,595,485	0.000000	0.000000	963,351	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,190,716	0.000000	0.000000	223,660	68.00
69.00	06900 ELECTROCARDIOLOGY	0	24,895,410	0.000000	0.000000	3,263,240	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,056,216	0.000000	0.000000	432,107	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,881,552	0.000000	0.000000	5,991,694	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	39,627,355	0.000000	0.000000	8,863,097	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	135,559	316,361,038	0.000428	0.000428	19,948,054	73.00
74.00	07400 RENAL DIALYSIS	0	2,280,518	0.000000	0.000000	1,357,363	74.00
76.00	03330 ENDOSCOPY	0	2,662,117	0.000000	0.000000	617,935	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20,951,818	0.000000	0.000000	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	497,097	0.000000	0.000000	0	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	1,831,836	0.000000	0.000000	0	76.03
76.04	03952 WOUND CARE CENTER	0	3,028,986	0.000000	0.000000	16,471	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	65,230,245	0.000000	0.000000	55,862	76.05
76.06	03953 IMAGING CENTERS	0	15,720,788	0.000000	0.000000	19,657	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	6,444,193	0.000000	0.000000	798	76.07
76.97	07697 CARDIAC REHABILITATION	0	1,543,134	0.000000	0.000000	476	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,628,612	0.000000	0.000000	7,137	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	3,252,632	0.000000	0.000000	5,243	90.02
90.04	04953 PALLIATIVE CARE	0	320,158	0.000000	0.000000	0	90.04
90.05	04954 INFUSION CENTERS	0	1,935,184	0.000000	0.000000	0	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	4,034,846	0.000000	0.000000	0	90.12
91.00	09100 EMERGENCY	596,540	140,927,066	0.004233	0.004233	12,226,306	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,671,806	0.000000	0.000000	492,880	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	959,690	1,119,931,750			118,987,012	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	3,996,346	0		50.00
51.00	05100 RECOVERY ROOM	0	625,619	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	25,066	4,651,777	36,735		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	16,367,283	0		55.00
57.00	05700 CT SCAN	0	10,064,355	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,058,057	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	9,614,222	0		59.00
60.00	06000 LABORATORY	0	10,957,636	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	312	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	684,694	0		65.00
66.00	06600 PHYSICAL THERAPY	0	486	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	7,341,771	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	937,902	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,083,938	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,032,378	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,538	93,592,239	40,057		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	726,648	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	1,544,828	0		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	64,476	0		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	1,628,103	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	20,622,718	0		76.05
76.06	03953 IMAGING CENTERS	0	3,656,687	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	1,143,516	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	731,145	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	870,714	0		76.98
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	1,618,001	0		90.02
90.04	04953 PALLIATIVE CARE	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	851,303	0		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	51,754	17,722,637	75,020		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,741,705	0		92.00
OTHER REIMBURSABLE COST CENTERS						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	85,358	219,931,496	151,812		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:01 pm		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.212887	3,996,346	0	850,770	50.00
51.00	05100 RECOVERY ROOM	0.227530	625,619	0	142,347	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.196755	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203930	4,651,777	0	948,637	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.177897	16,367,283	0	2,911,691	55.00
57.00	05700 CT SCAN	0.059503	10,064,355	0	598,859	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.122616	3,058,057	0	374,967	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056100	9,614,222	0	539,358	59.00
60.00	06000 LABORATORY	0.126458	10,957,636	1,537	1,385,681	60.00
64.00	06400 INTRAVENOUS THERAPY	0.436212	312	0	136	64.00
65.00	06500 RESPIRATORY THERAPY	0.243237	684,694	0	166,543	65.00
66.00	06600 PHYSICAL THERAPY	0.247879	486	0	120	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.391297	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.376719	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.127191	7,341,771	0	933,807	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382861	937,902	0	359,086	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.187820	1,083,938	0	203,585	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336612	3,032,378	0	1,020,735	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.207475	93,592,239	436	19,418,050	73.00
74.00	07400 RENAL DIALYSIS	0.381536	0	0	0	74.00
76.00	03330 ENDOSCOPY	0.211196	726,648	0	153,465	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.642432	1,544,828	0	992,447	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.662301	64,476	0	42,703	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	3.105810	0	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.325045	1,628,103	0	529,207	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.541190	20,622,718	0	11,160,809	76.05
76.06	03953 IMAGING CENTERS	0.269986	3,656,687	0	987,254	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.384501	1,143,516	0	439,683	76.07
76.97	07697 CARDIAC REHABILITATION	0.431638	731,145	0	315,590	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.613931	870,714	0	534,558	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.695474	1,618,001	0	1,125,278	90.02
90.04	04953 PALLIATIVE CARE	1.675426	0	0	0	90.04
90.05	04954 INFUSION CENTERS	0.222274	851,303	0	189,223	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	1.138178	0	0	0	90.12
91.00	09100 EMERGENCY	0.125935	17,722,637	16	2,231,900	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.155022	2,741,705	0	425,025	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00
200.00	Subtotal (see instructions)		219,931,496	1,989	48,981,514	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		219,931,496	1,989	48,981,514	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part V Date/Time Prepared: 5/27/2015 6:01 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0			50.00
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	194	0			60.00
64.00	06400	INTRAVENOUS THERAPY	0	0			64.00
65.00	06500	RESPIRATORY THERAPY	0	0			65.00
66.00	06600	PHYSICAL THERAPY	0	0			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800	SPEECH PATHOLOGY	0	0			68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	90	50,111			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
76.00	03330	ENDOSCOPY	0	0			76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0			76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0			76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0			76.03
76.04	03952	WOUND CARE CENTER	0	0			76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	0			76.05
76.06	03953	IMAGING CENTERS	0	0			76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	0			76.07
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0			76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
90.01	04950	DIABETIC CARE CENTER	0	0			90.01
90.02	04951	HEALTHY HEARTS CENTER	0	0			90.02
90.04	04953	PALLIATIVE CARE	0	0			90.04
90.05	04954	INFUSION CENTERS	0	0			90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0			90.12
91.00	09100	EMERGENCY	2	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0			98.00
200.00		Subtotal (see instructions)	286	50,111			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	286	50,111			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part I Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XIX Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	6,244,000	0	6,244,000	51,007	122.41	30.00
31.00	INTENSIVE CARE UNIT	626,670		626,670	3,103	201.96	31.00
32.00	CORONARY CARE UNIT	1,004,947		1,004,947	7,361	136.52	32.00
43.00	NURSERY	651,993		651,993	3,432	189.97	43.00
200.00	Total (lines 30-199)	8,527,610		8,527,610	64,903		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,035	983,564				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
43.00	NURSERY	574	109,043				43.00
200.00	Total (lines 30-199)	8,609	1,092,607				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,985,231	46,021,123	0.043137	1,280,050	55,218	50.00
51.00	05100 RECOVERY ROOM	322,175	8,913,551	0.036144	380,111	13,739	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	337,431	11,949,960	0.028237	486,424	13,735	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,171,844	28,819,800	0.040661	778,267	31,645	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,065,024	53,393,097	0.019947	498,258	9,939	55.00
57.00	05700 CT SCAN	342,146	53,203,056	0.006431	1,652,315	10,626	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	389,440	14,404,861	0.027035	449,089	12,141	58.00
59.00	05900 CARDIAC CATHETERIZATION	369,974	45,241,497	0.008178	974,230	7,967	59.00
60.00	06000 LABORATORY	721,406	91,292,114	0.007902	5,921,176	46,789	60.00
64.00	06400 INTRAVENOUS THERAPY	31,960	985,315	0.032436	134,599	4,366	64.00
65.00	06500 RESPIRATORY THERAPY	362,723	18,439,795	0.019671	1,866,468	36,715	65.00
66.00	06600 PHYSICAL THERAPY	299,064	15,698,773	0.019050	276,624	5,270	66.00
67.00	06700 OCCUPATIONAL THERAPY	98,690	3,595,485	0.027448	184,792	5,072	67.00
68.00	06800 SPEECH PATHOLOGY	31,527	1,190,716	0.026477	59,948	1,587	68.00
69.00	06900 ELECTROCARDIOLOGY	207,501	24,895,410	0.008335	602,404	5,021	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	228,292	4,056,216	0.056282	130,877	7,366	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	607,490	49,881,552	0.012179	2,232,944	27,195	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	842,715	39,627,355	0.021266	1,066,498	22,680	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,925,023	316,361,038	0.009246	6,536,331	60,435	73.00
74.00	07400 RENAL DIALYSIS	31,266	2,280,518	0.013710	247,410	3,392	74.00
76.00	03330 ENDOSCOPY	33,611	2,662,117	0.012626	100,692	1,271	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	802,112	20,951,818	0.038284	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	14,568	497,097	0.029306	0	0	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	239,157	1,831,836	0.130556	0	0	76.03
76.04	03952 WOUND CARE CENTER	127,383	3,028,986	0.042055	23,884	1,004	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	1,407,907	65,230,245	0.021584	10,849	234	76.05
76.06	03953 IMAGING CENTERS	578,225	15,720,788	0.036781	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	153,788	6,444,193	0.023865	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	125,520	1,543,134	0.081341	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	122,190	2,628,612	0.046485	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	1,757	0	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	224,867	3,252,632	0.069134	236	16	90.02
90.04	04953 PALLIATIVE CARE	40,349	320,158	0.126028	0	0	90.04
90.05	04954 INFUSION CENTERS	17,533	1,935,184	0.009060	0	0	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	276,470	4,034,846	0.068521	0	0	90.12
91.00	09100 EMERGENCY	1,989,015	140,927,066	0.014114	3,339,643	47,136	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	358,795	18,671,806	0.019216	179,333	3,446	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (Lines 50-199)	18,884,169	1,119,931,750		29,413,452	434,005	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	51,007	0.00	8,035	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,103	0.00	0	0		31.00
32.00	03200	CORONARY CARE UNIT	7,361	0.00	0	0		32.00
43.00	04300	NURSERY	3,432	0.00	574	0		43.00
200.00		Total (lines 30-199)	64,903		8,609	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	227,591	0	0	227,591	54.00	
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	135,559	0	0	135,559	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
76.00 03330 ENDOSCOPY	0	0	0	0	0	0	76.00	
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.01	
76.02 03950 NEUROPSYCHIATRIC SERVICES	0	0	0	0	0	0	76.02	
76.03 03951 LUTHERWOOD PARTNERSHIP	0	0	0	0	0	0	76.03	
76.04 03952 WOUND CARE CENTER	0	0	0	0	0	0	76.04	
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0	0	0	0	0	0	76.05	
76.06 03953 IMAGING CENTERS	0	0	0	0	0	0	76.06	
76.07 03954 BREAST DIAGNOSTIC CENTER	0	0	0	0	0	0	76.07	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	0	76.97	
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	76.98	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	0	90.00	
90.01 04950 DIABETIC CARE CENTER	0	0	0	0	0	0	90.01	
90.02 04951 HEALTHY HEARTS CENTER	0	0	0	0	0	0	90.02	
90.04 04953 PALLIATIVE CARE	0	0	0	0	0	0	90.04	
90.05 04954 INFUSION CENTERS	0	0	0	0	0	0	90.05	
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0	0	0	0	90.12	
91.00 09100 EMERGENCY	0	0	596,540	0	0	596,540	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00	
200.00 Total (lines 50-199)	0	0	959,690	0	0	959,690	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 6:01 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	46,021,123	0.000000	0.000000	1,280,050	50.00
51.00	05100 RECOVERY ROOM	0	8,913,551	0.000000	0.000000	380,111	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	11,949,960	0.000000	0.000000	486,424	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	227,591	28,819,800	0.007897	0.007897	778,267	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	53,393,097	0.000000	0.000000	498,258	55.00
57.00	05700 CT SCAN	0	53,203,056	0.000000	0.000000	1,652,315	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,404,861	0.000000	0.000000	449,089	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,241,497	0.000000	0.000000	974,230	59.00
60.00	06000 LABORATORY	0	91,292,114	0.000000	0.000000	5,921,176	60.00
64.00	06400 INTRAVENOUS THERAPY	0	985,315	0.000000	0.000000	134,599	64.00
65.00	06500 RESPIRATORY THERAPY	0	18,439,795	0.000000	0.000000	1,866,468	65.00
66.00	06600 PHYSICAL THERAPY	0	15,698,773	0.000000	0.000000	276,624	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,595,485	0.000000	0.000000	184,792	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,190,716	0.000000	0.000000	59,948	68.00
69.00	06900 ELECTROCARDIOLOGY	0	24,895,410	0.000000	0.000000	602,404	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	4,056,216	0.000000	0.000000	130,877	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	49,881,552	0.000000	0.000000	2,232,944	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	39,627,355	0.000000	0.000000	1,066,498	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	135,559	316,361,038	0.000428	0.000428	6,536,331	73.00
74.00	07400 RENAL DIALYSIS	0	2,280,518	0.000000	0.000000	247,410	74.00
76.00	03330 ENDOSCOPY	0	2,662,117	0.000000	0.000000	100,692	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	20,951,818	0.000000	0.000000	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	497,097	0.000000	0.000000	0	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	1,831,836	0.000000	0.000000	0	76.03
76.04	03952 WOUND CARE CENTER	0	3,028,986	0.000000	0.000000	23,884	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	65,230,245	0.000000	0.000000	10,849	76.05
76.06	03953 IMAGING CENTERS	0	15,720,788	0.000000	0.000000	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	6,444,193	0.000000	0.000000	0	76.07
76.97	07697 CARDIAC REHABILITATION	0	1,543,134	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	2,628,612	0.000000	0.000000	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0.000000	0.000000	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0	3,252,632	0.000000	0.000000	236	90.02
90.04	04953 PALLIATIVE CARE	0	320,158	0.000000	0.000000	0	90.04
90.05	04954 INFUSION CENTERS	0	1,935,184	0.000000	0.000000	0	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	4,034,846	0.000000	0.000000	0	90.12
91.00	09100 EMERGENCY	596,540	140,927,066	0.004233	0.004233	3,339,643	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	18,671,806	0.000000	0.000000	179,333	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (Lines 50-199)	959,690	1,119,931,750			29,413,452	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150074

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
		11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,146	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,798	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03330 ENDOSCOPY	0	0	0		76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0		76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0	0	0		76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	0	0	0		76.03
76.04	03952 WOUND CARE CENTER	0	0	0		76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0	0	0		76.05
76.06	03953 IMAGING CENTERS	0	0	0		76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0	0	0		76.07
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 DIABETIC CARE CENTER	0	0	0		90.01
90.02	04951 HEALTHY HEARTS CENTER	0	0	0		90.02
90.04	04953 PALLIATIVE CARE	0	0	0		90.04
90.05	04954 INFUSION CENTERS	0	0	0		90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	0	0	0		90.12
91.00	09100 EMERGENCY	14,137	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	23,081	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:01 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.212887	0	0	995,518	0
51.00 05100 RECOVERY ROOM	0.227530	0	0	87,164	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.196755	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.203930	0	0	2,290,103	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.177897	0	0	3,305,513	0
57.00 05700 CT SCAN	0.059503	0	0	4,237,534	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.122616	0	0	904,726	0
59.00 05900 CARDIAC CATHETERIZATION	0.056100	0	0	1,148,527	0
60.00 06000 LABORATORY	0.126458	0	0	4,410,176	0
64.00 06400 INTRAVENOUS THERAPY	0.436212	0	0	2,787	0
65.00 06500 RESPIRATORY THERAPY	0.243237	0	0	217,621	0
66.00 06600 PHYSICAL THERAPY	0.247879	0	0	519,174	0
67.00 06700 OCCUPATIONAL THERAPY	0.391297	0	0	174,966	0
68.00 06800 SPEECH PATHOLOGY	0.376719	0	0	143,188	0
69.00 06900 ELECTROCARDIOLOGY	0.127191	0	0	788,717	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.382861	0	0	137,357	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.187820	0	0	861,936	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.336612	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.207475	0	0	1,312,265	0
74.00 07400 RENAL DIALYSIS	0.381536	0	0	0	0
76.00 03330 ENDOSCOPY	0.211196	0	0	87,222	0
76.01 03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.642432	0	0	0	0
76.02 03950 NEUROPSYCHIATRIC SERVICES	0.662301	0	0	0	0
76.03 03951 LUTHERWOOD PARTNERSHIP	3.105810	0	0	0	0
76.04 03952 WOUND CARE CENTER	0.325045	0	0	224,269	0
76.05 03480 ONCOLOGY-CANCER CARE CENTER	0.541190	0	0	16,585,247	0
76.06 03953 IMAGING CENTERS	0.269986	0	0	491,162	0
76.07 03954 BREAST DIAGNOSTIC CENTER	0.384501	0	0	246,991	0
76.97 07697 CARDIAC REHABILITATION	0.431638	0	0	73,024	0
76.98 07698 HYPERBARIC OXYGEN THERAPY	0.613931	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
90.01 04950 DIABETIC CARE CENTER	0.000000	0	0	0	0
90.02 04951 HEALTHY HEARTS CENTER	0.695474	0	0	47,761	0
90.04 04953 PALLIATIVE CARE	1.675426	0	0	0	0
90.05 04954 INFUSION CENTERS	0.222274	0	0	615,258	0
90.12 04961 FAMILY PRACTICE AND MATERNITY CARE	1.138178	0	0	0	0
91.00 09100 EMERGENCY	0.125935	0	0	15,230,332	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.155022	0	0	2,417,723	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00 09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	0	57,556,261	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	57,556,261	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 6:01 pm	
		Title XIX	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	211,933	50.00
51.00	05100	RECOVERY ROOM	0	19,832	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	467,021	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	588,041	55.00
57.00	05700	CT SCAN	0	252,146	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	110,934	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	64,432	59.00
60.00	06000	LABORATORY	0	557,702	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,216	64.00
65.00	06500	RESPIRATORY THERAPY	0	52,933	65.00
66.00	06600	PHYSICAL THERAPY	0	128,692	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	68,464	67.00
68.00	06800	SPEECH PATHOLOGY	0	53,942	68.00
69.00	06900	ELECTROCARDIOLOGY	0	100,318	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	52,589	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	161,889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	272,262	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03330	ENDOSCOPY	0	18,421	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	0	0	76.03
76.04	03952	WOUND CARE CENTER	0	72,898	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0	8,975,770	76.05
76.06	03953	IMAGING CENTERS	0	132,607	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0	94,968	76.07
76.97	07697	CARDIAC REHABILITATION	0	31,520	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	04950	DIABETIC CARE CENTER	0	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0	33,217	90.02
90.04	04953	PALLIATIVE CARE	0	0	90.04
90.05	04954	INFUSION CENTERS	0	136,756	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	0	0	90.12
91.00	09100	EMERGENCY	0	1,918,032	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	374,800	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	14,953,335	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	14,953,335	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 6:01 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,007	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,007	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		48,076	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		16,670	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,372,537	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,372,537	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,372,537	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		987.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,462,625	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		16,462,625	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 6:01 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,382,764	3,103	1,734.70	1,215	2,107,661	43.00
44.00	CORONARY CARE UNIT	8,602,646	7,361	1,168.68	3,334	3,896,379	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					21,727,260	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					44,193,925	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,741,114	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,180,928	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,922,042	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,271,883	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,931	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					987.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,894,538	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,244,000	50,372,537	0.123956	2,894,538	358,795	90.00
91.00	Nursing School cost	0	50,372,537	0.000000	2,894,538	0	91.00
92.00	Allied health cost	0	50,372,537	0.000000	2,894,538	0	92.00
93.00	All other Medical Education	0	50,372,537	0.000000	2,894,538	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/27/2015 6:01 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		51,007	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		51,007	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		48,076	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,035	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		3,432	15.00
16.00	Nursery days (title V or XIX only)		574	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,372,537	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,372,537	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,372,537	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		987.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,935,045	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,935,045	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 6:01 pm		
Cost Center Description			Title XIX	Hospital	PPS		
	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)	4,664,723	3,432	1,359.19	574	780,175	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,382,764	3,103	1,734.70	0	0	43.00
44.00	CORONARY CARE UNIT	8,602,646	7,361	1,168.68	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,174,117	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					13,889,337	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,092,607	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					457,086	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,549,693	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					12,339,644	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,931	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					987.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,894,538	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150074		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,244,000	50,372,537	0.123956	2,894,538	358,795	90.00
91.00	Nursing School cost	0	50,372,537	0.000000	2,894,538	0	91.00
92.00	Allied health cost	0	50,372,537	0.000000	2,894,538	0	92.00
93.00	All other Medical Education	0	50,372,537	0.000000	2,894,538	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		26,744,995	30.00
31.00	03100	INTENSIVE CARE UNIT		4,044,246	31.00
32.00	03200	CORONARY CARE UNIT		8,054,946	32.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.212887	16,242,706	50.00
51.00	05100	RECOVERY ROOM	0.227530	580,294	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.196755	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.203930	3,174,139	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.177897	1,932,964	55.00
57.00	05700	CT SCAN	0.059503	6,156,787	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.122616	1,658,190	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.056100	7,014,053	59.00
60.00	06000	LABORATORY	0.126458	19,292,612	60.00
64.00	06400	INTRAVENOUS THERAPY	0.436212	404,682	64.00
65.00	06500	RESPIRATORY THERAPY	0.243237	6,592,596	65.00
66.00	06600	PHYSICAL THERAPY	0.247879	1,452,658	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.391297	963,351	67.00
68.00	06800	SPEECH PATHOLOGY	0.376719	223,660	68.00
69.00	06900	ELECTROCARDIOLOGY	0.127191	3,263,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.382861	432,107	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.187820	5,991,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.336612	8,863,097	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.207475	19,948,054	73.00
74.00	07400	RENAL DIALYSIS	0.381536	1,357,363	74.00
76.00	03330	ENDOSCOPY	0.211196	617,935	76.00
76.01	03550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.642432	0	76.01
76.02	03950	NEUROPSYCHIATRIC SERVICES	0.662301	0	76.02
76.03	03951	LUTHERWOOD PARTNERSHIP	3.105810	0	76.03
76.04	03952	WOUND CARE CENTER	0.325045	16,471	76.04
76.05	03480	ONCOLOGY-CANCER CARE CENTER	0.541190	55,862	76.05
76.06	03953	IMAGING CENTERS	0.269986	19,657	76.06
76.07	03954	BREAST DIAGNOSTIC CENTER	0.384501	798	76.07
76.97	07697	CARDIAC REHABILITATION	0.431638	476	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.613931	7,137	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	DIABETIC CARE CENTER	0.000000	0	90.01
90.02	04951	HEALTHY HEARTS CENTER	0.695474	5,243	90.02
90.04	04953	PALLIATIVE CARE	1.675426	0	90.04
90.05	04954	INFUSION CENTERS	0.222274	0	90.05
90.12	04961	FAMILY PRACTICE AND MATERNITY CARE	1.138178	0	90.12
91.00	09100	EMERGENCY	0.125935	12,226,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.155022	492,880	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		118,987,012	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		118,987,012	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 6:01 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		13,247,193		30.00
31.00	03100 INTENSIVE CARE UNIT		1,494,492		31.00
32.00	03200 CORONARY CARE UNIT		1,857,259		32.00
43.00	04300 NURSERY		298,185		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.212887	1,280,050	272,506	50.00
51.00	05100 RECOVERY ROOM	0.227530	380,111	86,487	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.196755	486,424	95,706	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.203930	778,267	158,712	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.177897	498,258	88,639	55.00
57.00	05700 CT SCAN	0.059503	1,652,315	98,318	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.122616	449,089	55,065	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.056100	974,230	54,654	59.00
60.00	06000 LABORATORY	0.126458	5,921,176	748,780	60.00
64.00	06400 INTRAVENOUS THERAPY	0.436212	134,599	58,714	64.00
65.00	06500 RESPIRATORY THERAPY	0.243237	1,866,468	453,994	65.00
66.00	06600 PHYSICAL THERAPY	0.247879	276,624	68,569	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.391297	184,792	72,309	67.00
68.00	06800 SPEECH PATHOLOGY	0.376719	59,948	22,584	68.00
69.00	06900 ELECTROCARDIOLOGY	0.127191	602,404	76,620	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.382861	130,877	50,108	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.187820	2,232,944	419,392	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.336612	1,066,498	358,996	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.207475	6,536,331	1,356,125	73.00
74.00	07400 RENAL DIALYSIS	0.381536	247,410	94,396	74.00
76.00	03330 ENDOSCOPY	0.211196	100,692	21,266	76.00
76.01	03550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.642432	0	0	76.01
76.02	03950 NEUROPSYCHIATRIC SERVICES	0.662301	0	0	76.02
76.03	03951 LUTHERWOOD PARTNERSHIP	3.105810	0	0	76.03
76.04	03952 WOUND CARE CENTER	0.325045	23,884	7,763	76.04
76.05	03480 ONCOLOGY-CANCER CARE CENTER	0.541190	10,849	5,871	76.05
76.06	03953 IMAGING CENTERS	0.269986	0	0	76.06
76.07	03954 BREAST DIAGNOSTIC CENTER	0.384501	0	0	76.07
76.97	07697 CARDIAC REHABILITATION	0.431638	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.613931	0	0	76.98
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	04950 DIABETIC CARE CENTER	0.000000	0	0	90.01
90.02	04951 HEALTHY HEARTS CENTER	0.695474	236	164	90.02
90.04	04953 PALLIATIVE CARE	1.675426	0	0	90.04
90.05	04954 INFUSION CENTERS	0.222274	0	0	90.05
90.12	04961 FAMILY PRACTICE AND MATERNITY CARE	1.138178	0	0	90.12
91.00	09100 EMERGENCY	0.125935	3,339,643	420,578	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.155022	179,333	27,801	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
98.00	09850 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		29,413,452	5,174,117	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		29,413,452		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:01 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		22,838,307	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		12,583,100	1.02
1.03	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring prior to October 1 (see instructions)		0	1.03
1.04	DRG for federal specific operating payment for Model 4 BPCI for discharges occurring on or after October 1 (see instructions)		0	1.04
2.00	Outlier payments for discharges. (see instructions)		710,421	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		11,722,222	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		246.68	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		21.09	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		2.21	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		-2.77	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		7.73	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		23.84	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		25.65	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		23.84	12.00
13.00	Total allowable FTE count for the prior year.		20.79	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		21.49	14.00
15.00	Sum of lines 12 through 14 divided by 3.		22.04	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		22.04	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.089347	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.098030	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.089347	21.00
22.00	IME payment adjustment (see instructions)		2,244,508	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		1.81	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
28.01	IME add-on adjustment amount - Managed Care (see instructions)		0	28.01
29.00	Total IME payment ( sum of lines 22 and 28)		2,244,508	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		11.82	30.00
31.00	Percentage of Medicaid patient days (see instructions)		29.53	31.00
32.00	Sum of lines 30 and 31		41.35	32.00
33.00	Allowable disproportionate share percentage (see instructions)		23.33	33.00
34.00	Disproportionate share adjustment (see instructions)		2,065,953	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:01 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000547382	0.000604583	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		4,951,826	4,623,640	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		3,703,693	1,165,412	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		4,869,105		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		45,311,394		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0		48.00
49.00	Total payment for inpatient operating costs (see instructions)		45,311,394		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,232,231		50.00
51.00	Exception payment for inpatient program capital (Wkst. L, Pt. III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Wkst. E-4, line 49 see instructions).		397,607		52.00
53.00	Nursing and Allied Health Managed Care payment		94,970		53.00
54.00	Special add-on payments for new technologies		15,961		54.00
55.00	Net organ acquisition cost (Wkst. D-4 Pt. III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see instructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst. D, Pt. III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 11 line 200)		85,358		58.00
59.00	Total (sum of amounts on lines 49 through 58)		49,137,521		59.00
60.00	Primary payer payments		21,696		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		49,115,825		61.00
62.00	Deductibles billed to program beneficiaries		3,839,808		62.00
63.00	Coinurance billed to program beneficiaries		98,448		63.00
64.00	Allowable bad debts (see instructions)		80,401		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		52,261		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		20,686		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		45,229,830		67.00
68.00	Credits received from manufacturers for replaced devices for applicable to MS-DRGs (see instructions)		0		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.89	Pioneer ACO demonstration payment adjustment amount (see instructions)		0		70.89
70.90	HSP bonus payment HVBP adjustment amount (see instructions)		0		70.90
70.91	HSP bonus payment HRR adjustment amount (see instructions)		0		70.91
70.92	Bundled Model 1 discount amount (see instructions)		0		70.92
70.93	HVBP payment adjustment amount (see instructions)		-113,972		70.93
70.94	HRR adjustment amount (see instructions)		-3,780		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 6:01 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
70.99	HAC adjustment amount (see instructions)		0		70.99
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		45,112,078		71.00
71.01	Sequestration adjustment (see instructions)		902,242		71.01
72.00	Interim payments		44,657,739		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) (line 71 minus lines 71.01, 72, and 73)		-447,903		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 TO BE COMPLETED BY CONTRACTOR (lines 90 through 96)		3,939,638		75.00
90.00	Operating outlier amount from Wkst. E, Pt. A, line 2 (see instructions)		0		90.00
91.00	Capital outlier from Wkst. L, Pt. I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the time value of money (see instructions)		0.00		94.00
95.00	Time value of money for operating expenses (see instructions)		0		95.00
96.00	Time value of money for capital related expenses (see instructions)		0		96.00
			Prior to 10/1	On/After 10/1	
			1.00	2.00	
HSP Bonus Payment Amount					
100.00	HSP bonus amount (see instructions)		0	0	100.00
HVBP Adjustment for HSP Bonus Payment					
101.00	HVBP adjustment factor (see instructions)		0	0	101.00
102.00	HVBP adjustment amount for HSP bonus payment (see instructions)		0	0	102.00
HRR Adjustment for HSP Bonus Payment					
103.00	HRR adjustment factor (see instructions)		0.0000	0.0000	103.00
104.00	HRR adjustment amount for HSP bonus payment (see instructions)		0	0	104.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 6:01 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		50,397	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		48,829,702	2.00
3.00	PPS payments		40,322,540	3.00
4.00	Outlier payment (see instructions)		379,248	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200		151,812	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		50,397	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		243,516	12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		243,516	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		243,516	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		193,119	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		50,397	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		40,853,600	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		8,049,216	26.00
27.00	Subtotal {(lines 21 and 24 minus the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		32,854,781	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		441,261	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)		33,296,042	30.00
31.00	Primary payer payments		10,086	31.00
32.00	Subtotal (line 30 minus line 31)		33,285,956	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		327,276	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		212,729	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		236,814	36.00
37.00	Subtotal (see instructions)		33,498,685	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-331	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		33,499,016	40.00
40.01	Sequestration adjustment (see instructions)		669,980	40.01
41.00	Interim payments		33,361,379	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-532,343	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150074

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 6:01 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		44,446,839		33,117,079	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/04/2014	210,900	08/04/2014	244,300	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		210,900		244,300	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		44,657,739		33,361,379	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		447,903		532,343	6.02
7.00	Total Medicare program liability (see instructions)		44,209,836		32,829,036	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150074

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/27/2015 6:01 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			13,156 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			21,219 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,921 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			58,540 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			1,236,602,543 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			9,766,348 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Wkst. S-2, Pt. I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,066,239 8.00
9.00	Sequestration adjustment amount (see instructions)			21,325 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,044,914 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,017,783 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			27,131 32.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 6:01 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.07	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-4.60	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			7.64	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			25.72	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			25.65	6.00
7.00	Enter the lesser of line 5 or line 6			25.65	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	25.65	0.00	25.65	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	25.65	0.00	25.65	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	25.65	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	23.44	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	20.49	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	23.19	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	23.19	0.00		17.00
18.00	Per resident amount	78,428.06	0.00		18.00
19.00	Approved amount for resident costs	1,818,747	0	1,818,747	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,818,747	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	21,219	6,921		26.00
27.00	Total Inpatient Days (see instructions)	58,890	58,890		27.00
28.00	Ratio of inpatient days to total inpatient days	0.360316	0.117524		28.00
29.00	Program direct GME amount	655,324	213,746		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		30,202		30.00
31.00	Net Program direct GME amount			838,868	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 6:01 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		2,280,518	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		44,193,925	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)		21,696	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,172,229	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		49,031,911	42.00
43.00	Primary payer payments (see instructions)		10,086	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		49,021,825	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		93,194,054	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.473981	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.526019	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		838,868	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		397,607	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		441,261	50.00

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

Provider CCN: 150074

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

Worksheet G

Date/Time Prepared:  
5/27/2015 6:01 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	94,336,474	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	23,261,725	0	0	0	3.00
4.00	Accounts receivable	92,424,700	0	0	0	4.00
5.00	Other receivable	13,108,846	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-29,864,890	0	0	0	6.00
7.00	Inventory	7,764,298	0	0	0	7.00
8.00	Prepaid expenses	8,872,864	0	0	0	8.00
9.00	Other current assets	10,057,392	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	219,961,409	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	2,743,049	0	0	0	12.00
13.00	Land improvements	4,080,044	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	264,158,593	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	21,005,882	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	14,265,238	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	303,024,910	0	0	0	23.00
24.00	Accumulated depreciation	-379,195,962	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	230,081,754	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	349,277,925	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	-23,606,243	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	325,671,682	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	775,714,845	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	49,872,131	0	0	0	37.00
38.00	Salaries, wages, and fees payable	35,538,296	0	0	0	38.00
39.00	Payroll taxes payable	12,989,720	0	0	0	39.00
40.00	Notes and loans payable (short term)	18,765,358	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	34,705,544	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	151,871,049	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	565,474,979	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	206,724,957	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	772,199,936	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	924,070,985	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	-148,356,140	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-148,356,140	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	775,714,845	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150074

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

Worksheet G-1

Date/Time Prepared:  
5/27/2015 6:01 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		-101,067,393		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		95,873,668			2.00
3.00	Total (sum of line 1 and line 2)		-5,193,725		0	3.00
4.00		0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		-5,193,725		0	11.00
12.00	OTHER FUND BALANCE ACTIVITY	143,162,415		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		143,162,415		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-148,356,140		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00			0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	OTHER FUND BALANCE ACTIVITY		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150074

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2015 6:01 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	96,119,815		96,119,815	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	96,119,815		96,119,815	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,747,369		10,747,369	11.00
12.00	CORONARY CARE UNIT	15,053,893		15,053,893	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	25,801,262		25,801,262	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	121,921,077		121,921,077	17.00
18.00	Ancillary services	311,838,228	907,833,613	1,219,671,841	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	433,759,305	907,833,613	1,341,592,918	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		445,398,696		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		445,398,696		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150074

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

Worksheet G-3

Date/Time Prepared:  
5/27/2015 6:01 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,341,592,918	1.00
2.00	Less contractual allowances and discounts on patients' accounts	830,970,276	2.00
3.00	Net patient revenues (line 1 minus line 2)	510,622,642	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	445,398,696	4.00
5.00	Net income from service to patients (line 3 minus line 4)	65,223,946	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	531,884	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	107,792	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	200	17.00
18.00	Revenue from sale of medical records and abstracts	136,102	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	135,250	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	29,738,494	24.00
25.00	Total other income (sum of lines 6-24)	30,649,722	25.00
26.00	Total (line 5 plus line 25)	95,873,668	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	95,873,668	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150074	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 6:01 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,831,991	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		42,276	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		162.12	3.00
4.00	Number of interns & residents (see instructions)		22.04	4.00
5.00	Indirect medical education percentage (see instructions)		3.91	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		110,731	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		11.82	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		29.53	8.00
9.00	Sum of lines 7 and 8		41.35	9.00
10.00	Allowable disproportionate share percentage (see instructions)		8.73	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		247,233	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,232,231	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00