

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: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/29/2015 9:46 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/29/2015 Time: 9:46 am	
	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.		
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 ELKHART GENERAL HOSPITAL (150018) 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)
 CFO _____
 Title _____
 Date _____

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-119,741	-16,824	-521,736	17,506	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	34,704	0	0	0	3.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
200.00 Total	0	-85,037	-16,824	-521,736	17,506	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: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:02 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00 Street: 600 EAST BLVD		PO Box:						1.00				
2.00 City: ELKHART		State: IN		Zip Code: 46514		County: ELKHART					2.00	
		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	
								V	XVIII	XIX		
Hospital and Hospital-Based Component Identification:												
3.00 Hospital		ELKHART GENERAL HOSPITAL		150018	21140	1	01/01/1966	N	P	P	3.00	
4.00 Subprovider - IPF											4.00	
5.00 Subprovider - IRF		ELKHART REHAB		15T018	21140	5	01/01/1993	N	P	P	5.00	
6.00 Subprovider - (Other)											6.00	
7.00 Swing Beds - SNF											7.00	
8.00 Swing Beds - NF											8.00	
9.00 Hospital-Based SNF											9.00	
10.00 Hospital-Based NF											10.00	
11.00 Hospital-Based OLTC											11.00	
12.00 Hospital-Based HHA											12.00	
13.00 Separately Certified ASC											13.00	
14.00 Hospital-Based Hospice											14.00	
15.00 Hospital-Based Health Clinic - RHC											15.00	
16.00 Hospital-Based Health Clinic - FQHC											16.00	
17.00 Hospital-Based (CMHC) I											17.00	
18.00 Renal Dialysis											18.00	
19.00 Other											19.00	
							From:		To:			
							1.00		2.00			
20.00 Cost Reporting Period (mm/dd/yyyy)							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)							Y		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.		4,017	1,524	302	0	3,620	0		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.		125	201	0	0	33	25.00					

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:02 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			
Prospective Payment System (PPS)-Capital							
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.	N	N			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			47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N			48.00	
Teaching Hospitals							
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.					57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.					58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.	N				59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00	
		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

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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.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Nonprovider Settings</u>							
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)				N	63.00	
				Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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	Unweighted FTEs Nonprovi der Site	Unweighted 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)			0.00	0.00	0.000000	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)			0.00	0.00	0.000000 67.00
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (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 71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			Y		75.00
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 76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
81.00	Is this a LTCH co-located within another hospital for part or all of the cost reporting period? Enter "Y" for yes and "N" for no.			N		81.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00

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		V	XIX		
		1.00	2.00		
Title V and XIX Services					
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 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.				109.00
				1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N	110.00
				1.00	2.00
				3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00
		Premiums 1.00	Losses 2.00	Insurance 3.00	
118.01	List amounts of malpractice premiums and paid losses:	376,561	188,035		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
DO NOT USE THIS LINE					
119.00	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		119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1, "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2, "Y" for yes or "N" for no.	N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/28/2015 1:02 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)	01/01/2014	12/31/2014	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: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/28/2015 1:02 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)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	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	04/07/2015	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	REALLOCATIONS FOR CORRECT CTC RATIO	N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150018

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2015 1:02 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SALLY		BRUBAKER	41.00
42.00	Enter the employer/company name of the cost report preparer.	ELKHART GENERAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	574-647-3842		SBRUBAKER@BEACONHEALTHSYSTEM .ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/07/2015	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT ANALYST	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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	218	76,840	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)		218	76,840	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	23	8,395	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE	31.01	8	2,920	0.00	0	8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		249	88,155	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		269				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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	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)	18,400	3,955	40,423			1.00
2.00 HMO and other (see instructions)	6,326	5,275				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	234				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,400	3,955	40,423			7.00
8.00 INTENSIVE CARE UNIT	2,107	0	4,894			8.00
8.01 NEONATAL INTENSIVE CARE	0	0	867			8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	3,040			13.00
14.00 Total (see instructions)	20,507	3,955	49,224	0.00	1,397.40	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	1,006	125	2,449	0.00	15.50	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,412.90	27.00
28.00 Observation Bed Days		0	6,606			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			475			30.00
31.00 Employee discount days - IRF			28			31.00
32.00 Labor & delivery days (see instructions)	0	233	428			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: 150018

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2015 1:02 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	4,525	850	11,495	1.00
2.00 HMO and other (see instructions)			1,323	1,207		2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
8.01 NEONATAL INTENSIVE CARE						8.01
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,525	850	11,495	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	85	11	204	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 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: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet S-3 Part II Date/Time Prepared: 5/28/2015 1:02 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	77,265,794	0	77,265,794	2,938,867.00	26.29	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		8,622,967	0	8,622,967	163,515.00	52.74	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		2,365,318	44,446	2,409,764	96,303.00	25.02	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor: Direct Patient Care		514,864	0	514,864	8,680.00	59.32	11.00
12.00	Contract labor: Top level management and other management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		560,617	0	560,617	5,769.00	97.18	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		21,970,024	0	21,970,024			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		693,802	0	693,802			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	476,632	0	476,632	4,203.00	113.40	26.00
27.00	Administrative & General	5.00	5,835,199	0	5,835,199	253,051.00	23.06	27.00
28.00	Administrative & General under contract (see inst.)		273,543	0	273,543	692.89	394.79	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,549,109	0	1,549,109	58,013.00	26.70	30.00
31.00	Laundry & Linen Service	8.00	860,895	0	860,895	64,618.00	13.32	31.00
32.00	Housekeeping	9.00	1,731,509	0	1,731,509	142,487.00	12.15	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,819,088	-1,081,991	737,097	50,136.00	14.70	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	33,790	1,081,991	1,115,781	75,204.00	14.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,964,597	-443,155	1,521,442	57,222.00	26.59	38.00
39.00	Central Services and Supply	14.00	575,712	0	575,712	36,849.00	15.62	39.00
40.00	Pharmacy	15.00	3,985,333	0	3,985,333	98,597.00	40.42	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150018

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2015 1:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,786,130	0	1,786,130	85,564.00	20.87	41.00
42.00	Social Service	17.00	1,384,694	-44,446	1,340,248	43,459.00	30.84	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150018

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2015 1:02 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	68,916,370	0	68,916,370	2,776,044.89	24.83	1.00
2.00	Excluded area salaries (see instructions)	2,365,318	44,446	2,409,764	96,303.00	25.02	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,551,052	-44,446	66,506,606	2,679,741.89	24.82	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,075,481	0	1,075,481	14,449.00	74.43	4.00
5.00	Subtotal wage-related costs (see inst.)	21,970,024	0	21,970,024	0.00	33.03	5.00
6.00	Total (sum of lines 3 thru 5)	89,596,557	-44,446	89,552,111	2,694,190.89	33.24	6.00
7.00	Total overhead cost (see instructions)	22,276,231	-487,601	21,788,630	970,095.89	22.46	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2015 1:02 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			2,027,548 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)			762,341 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,633,387 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			180,847 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			94,697 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)			189,641 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,159,044 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			84,995 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			202,099 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			21,334,599 24.00
Part B - Other than Core Related Cost				
25.00	H.S.A., WELLNESS, SHT TM DIS, EE BON			1,329,228 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150018

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			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: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10 Date/Time Prepared: 5/28/2015 1:02 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.266683	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			31,273,843	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00	
6.00	Medicaid charges			103,490,405	6.00	
7.00	Medicaid cost (line 1 times line 6)			27,599,132	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			0	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP			0	9.00	
10.00	Stand-alone SCHIP charges			0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			12,862,866	2,756,937	15,619,803
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			3,430,308	735,228	4,165,536
22.00	Partial payment by patients approved for charity care			86,052	112,064	198,116
23.00	Cost of charity care (line 21 minus line 22)			3,344,256	623,164	3,967,420
				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
26.00	Total bad debt expense for the entire hospital complex (see instructions)			26,463,937		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			390,832		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			26,073,105		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			6,953,254		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			10,920,674		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			10,920,674		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/28/2015 1:02 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	14,885,422	14,885,422	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	2,975,020	2,975,020	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	476,632	243,170	719,802	0	719,802	4.00
5.00 00500 ADMIN STRATIVE & GENERAL	5,835,199	63,104,721	68,939,920	-17,381,810	51,558,110	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	1,549,109	8,244,449	9,793,558	-2,303,819	7,489,739	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	860,895	2,165,718	3,026,613	-85,373	2,941,240	8.00
9.00 00900 HOUSEKEEPING	1,731,509	1,482,541	3,214,050	0	3,214,050	9.00
10.00 01000 DIETARY	1,819,088	2,545,506	4,364,594	-2,191,685	2,172,909	10.00
11.00 01100 CAFETERIA	33,790	21,038	54,828	2,191,206	2,246,034	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	1,964,597	778,814	2,743,411	-482,958	2,260,453	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	575,712	573,350	1,149,062	-22,345	1,126,717	14.00
15.00 01500 PHARMACY	3,985,333	11,259,561	15,244,894	-10,349,634	4,895,260	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,786,130	938,603	2,724,733	0	2,724,733	16.00
17.00 01700 SOCIAL SERVICE	1,384,694	927,883	2,312,577	-44,446	2,268,131	17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0	0	0	18.00
23.00 02300 PARAMED ED PRGM	158,237	277,339	435,576	-1,382	434,194	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	21,084,923	11,347,880	32,432,803	-3,106,814	29,325,989	30.00
31.00 03100 INTENSIVE CARE UNIT	3,738,295	1,655,818	5,394,113	-458,393	4,935,720	31.00
31.01 03101 NEONATAL INTENSIVE CARE	1,025,076	313,921	1,338,997	-71,401	1,267,596	31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	934,559	388,813	1,323,372	33,904	1,357,276	41.00
43.00 04300 NURSERY	15,424	7,317	22,741	2,447,703	2,470,444	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	7,409,019	32,804,772	40,213,791	-21,843,049	18,370,742	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,852,832	3,350,496	8,203,328	496,099	8,699,427	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	806,653	425,314	1,231,967	338,304	1,570,271	57.00
58.00 05800 MRI	373,850	248,997	622,847	285,071	907,918	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,233,169	7,097,305	8,330,474	-3,918,193	4,412,281	59.00
60.00 06000 LABORATORY	0	10,524,282	10,524,282	-289,235	10,235,047	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,551,093	1,551,093	0	1,551,093	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,035,667	613,654	1,649,321	-341,929	1,307,392	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	2,085,817	1,036,041	3,121,858	-18,604	3,103,254	65.00
66.00 06600 PHYSICAL THERAPY	1,471,000	409,745	1,880,745	-172	1,880,573	66.00
67.00 06700 OCCUPATIONAL THERAPY	498,232	124,807	623,039	-475	622,564	67.00
68.00 06800 SPEECH PATHOLOGY	192,112	52,925	245,037	0	245,037	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 PATIENT	0	0	0	25,041,849	25,041,849	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,976,152	3,976,152	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	10,457,592	10,457,592	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03140 RADIOLOGY	1,397,573	786,021	2,183,594	106,657	2,290,251	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	481,334	208,869	690,203	7,040	697,243	90.00
90.01 04951 SLEEP CLINIC	388,583	125,496	514,079	-420	513,659	90.01
91.00 09100 EMERGENCY	4,808,229	3,603,383	8,411,612	-373,808	8,037,804	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/28/2015 1:02 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	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,993,272	169,239,642	245,232,914	-43,926	245,188,988	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	5,995	5,995	43,926	49,921	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	263	263	0	263	192.02
193.00	19300	NONPAID WORKERS	166,683	72,252	238,935	0	238,935	193.00
193.01	19301	COMMUNITY	640,479	546,748	1,187,227	0	1,187,227	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	465,360	2,152,189	2,617,549	0	2,617,549	194.00
200.00		TOTAL (SUM OF LINES 118-199)	77,265,794	172,017,089	249,282,883	0	249,282,883	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,090,317	13,795,105	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	897,297	3,872,317	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,977	711,825	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-18,195,827	33,362,283	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,363	7,488,376	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,951,467	989,773	8.00
9.00	00900	HOUSEKEEPING	-1,200	3,212,850	9.00
10.00	01000	DIETARY	-165,338	2,007,571	10.00
11.00	01100	CAFETERIA	-1,000,273	1,245,761	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-22,080	2,238,373	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,126,717	14.00
15.00	01500	PHARMACY	-170,023	4,725,237	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-99,283	2,625,450	16.00
17.00	01700	SOCIAL SERVICE	-35,304	2,232,827	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	18.00
23.00	02300	PARAMED ED PRGM	-85,913	348,281	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,007,964	27,318,025	30.00
31.00	03100	INTENSIVE CARE UNIT	-2,783	4,932,937	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	1,267,596	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,357,276	41.00
43.00	04300	NURSERY	0	2,470,444	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-4,398,625	13,972,117	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-41,229	8,658,198	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402	BREAST CENTER	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
56.01	05601	ULTRASOUND	0	0	56.01
57.00	05700	CT SCAN	-2,850	1,567,421	57.00
58.00	05800	MRI	0	907,918	58.00
59.00	05900	CARDIAC CATHETERIZATION	-9,176	4,403,105	59.00
60.00	06000	LABORATORY	0	10,235,047	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	1,551,093	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,307,392	64.00
64.01	06401	HOME INFUSION	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	-2,374	3,100,880	65.00
66.00	06600	PHYSICAL THERAPY	-2,043	1,878,530	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	622,564	67.00
68.00	06800	SPEECH PATHOLOGY	0	245,037	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 PATIENT	0	25,041,849	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,976,152	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,457,592	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03140	CARDIOLOGY	-6,464	2,283,787	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-2,821	694,422	90.00
90.01	04951	SLEEP CLINIC	0	513,659	90.01
91.00	09100	EMERGENCY	-412,959	7,624,845	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150018

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

Worksheet A
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
98.00	09851	OTHER REIMBURSABLE COST CENTERS	6.00	7.00	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-28,818,356	216,370,632	118.00
NONREIMBURSABLE COST CENTERS					
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	49,921	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	263	192.02
193.00	19300	NONPAID WORKERS	0	238,935	193.00
193.01	19301	COMMUNITY	0	1,187,227	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	2,617,549	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-28,818,356	220,464,527	200.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 1:02 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	308,969	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	26,049	2.00	
	O		0	335,018		
B - INTEREST						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,086,014	1.00	
2.00	INTEREST EXPENSE	113.00	0	1,086,014	2.00	
	O		0	2,172,028		
C - DIETARY						
1.00	CAFETERIA	11.00	1,081,991	1,109,215	1.00	
	O		1,081,991	1,109,215		
D - CASE MANAGEMENT						
1.00	SUBPROVIDER - IRF	41.00	44,446	0	1.00	
	O		44,446	0		
E - SERVICE CONTRACTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	11,250	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	40,238	2.00	
3.00	PHARMACY	15.00	0	114,813	3.00	
4.00	ADULTS & PEDIATRICS	30.00	0	14,986	4.00	
5.00	OPERATING ROOM	50.00	0	85,681	5.00	
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	806,858	6.00	
7.00	CT SCAN	57.00	0	351,327	7.00	
8.00	MRI	58.00	0	293,146	8.00	
9.00	CARDIAC CATHETERIZATION	59.00	0	416,592	9.00	
10.00	PHYSICAL THERAPY	66.00	0	3,118	10.00	
11.00	CARDIOLOGY	76.00	0	110,092	11.00	
12.00	CLINIC	90.00	0	7,040	12.00	
13.00	EMERGENCY	91.00	0	3,416	13.00	
14.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	43,926	14.00	
	O		0	2,302,483		
H - NURSERY						
1.00	NURSERY	43.00	1,740,030	708,183	1.00	
	O		1,740,030	708,183		
I - ONCOLOGY						
1.00	ADULTS & PEDIATRICS	30.00	344,125	30,863	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	99,030	8,881	2.00	
	O		443,155	39,744		
M - DRUGS CHARGED						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,457,592	1.00	
	O		0	10,457,592		
N - RENT						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	338,100	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	
	O		0	338,100		
O - SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	25,041,849	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,976,152	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	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
25.00		0.00	0	0	25.00	

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6

Date/Time Prepared:
5/28/2015 1:02 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
			0	29,018,001	
P - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,451,434	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,329,157	2.00
			0	15,780,591	
Q - LAB					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	281,714	1.00
			0	281,714	
S - AMORTI ZATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	39,005	1.00
	TOTALS		0	39,005	
500.00	Grand Total: Increases		3,309,622	62,581,674	500.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	335,018	12		1.00
2.00		0.00	0	0	12		2.00
	O		0	335,018			
B - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	1,086,014	11		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,086,014	0		2.00
	O		0	2,172,028			
C - DIETARY							
1.00	DIETARY	10.00	1,081,991	1,109,215	0		1.00
	O		1,081,991	1,109,215			
D - CASE MANAGEMENT							
1.00	SOCIAL SERVICE	17.00	44,446	0	0		1.00
	O		44,446	0			
E - SERVICE CONTRACTS							
1.00	OPERATION OF PLANT	7.00	0	2,302,483	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
	O		0	2,302,483			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,740,030	708,183	0		1.00
	O		1,740,030	708,183			
I - ONCOLOGY							
1.00	NURSING ADMINISTRATION	13.00	443,155	39,744	0		1.00
2.00		0.00	0	0	0		2.00
	O		443,155	39,744			
M - DRUGS CHARGED							
1.00	PHARMACY	15.00	0	10,457,592	0		1.00
	O		0	10,457,592			
N - RENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	137,752	10		1.00
2.00	LAUNDRY & LINEN SERVICE	8.00	0	85,373	10		2.00
3.00	PHARMACY	15.00	0	6,850	0		3.00
4.00	OPERATING ROOM	50.00	0	12,359	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	95,025	0		5.00
6.00	EMERGENCY	91.00	0	741	0		6.00
	O		0	338,100			
O - SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	14,680	0		1.00
2.00	OPERATION OF PLANT	7.00	0	1,336	0		2.00
3.00	DIETARY	10.00	0	479	0		3.00
4.00	NURSING ADMINISTRATION	13.00	0	59	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	62,583	0		5.00
6.00	PHARMACY	15.00	0	5	0		6.00
7.00	PARAMED PRGM	23.00	0	1,382	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	1,048,575	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	458,393	0		9.00
10.00	NEONATAL INTENSIVE CARE	31.01	0	71,401	0		10.00
11.00	SUBPROVIDER - IRF	41.00	0	10,542	0		11.00
12.00	NURSERY	43.00	0	510	0		12.00
13.00	OPERATING ROOM	50.00	0	21,916,371	0		13.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	323,645	0		15.00
16.00	CT SCAN	57.00	0	13,023	0		16.00
17.00	MRI	58.00	0	8,075	0		17.00
18.00	CARDIAC CATHETERIZATION	59.00	0	4,334,785	0		18.00
19.00	LABORATORY	60.00	0	7,521	0		19.00
20.00	INTRAVENOUS THERAPY	64.00	0	341,929	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	18,604	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	3,290	0		22.00
23.00	OCCUPATIONAL THERAPY	67.00	0	475	0		23.00
25.00	CARDIOLOGY	76.00	0	3,435	0		25.00
26.00	SLEEP CLINIC	90.01	0	420	0		26.00
27.00	EMERGENCY	91.00	0	376,483	0		27.00

RECLASSIFICATIONS

Provider CCN: 150018

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	0		0	29,018,001			
P - DEPRECIATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	15,780,591	9		1.00
2.00		0.00	0	0	9		2.00
	0		0	15,780,591			
Q - LAB							
1.00	LABORATORY	60.00	0	281,714	14		1.00
	0		0	281,714			
S - AMORTIZATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	39,005	11		1.00
	TOTALS		0	39,005			
500.00	Grand Total: Decreases		3,309,622	62,581,674			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,507,036	86,094	0	86,094	0 1.00
2.00	Land Improvements	597,914	115,273	0	115,273	0 2.00
3.00	Buildings and Fixtures	123,124,927	0	0	0	0 3.00
4.00	Building Improvements	48,556,707	1,377,885	0	1,377,885	0 4.00
5.00	Fixed Equipment	61,246,027	4,326,652	0	4,326,652	4,189,300 5.00
6.00	Movable Equipment	14,512,721	2,702,588	0	2,702,588	312,844 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	251,545,332	8,608,492	0	8,608,492	4,502,144 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	251,545,332	8,608,492	0	8,608,492	4,502,144 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,593,130	0			1.00
2.00	Land Improvements	713,187	337,805			2.00
3.00	Buildings and Fixtures	123,124,927	361,629			3.00
4.00	Building Improvements	49,934,592	10,612,345			4.00
5.00	Fixed Equipment	61,383,379	15,026,142			5.00
6.00	Movable Equipment	16,902,465	4,998,710			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	255,651,680	31,336,631			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	255,651,680	31,336,631			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150018

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	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: 150018

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2015 1:02 pm

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	238,340,039	0	238,340,039	0.932284	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	17,311,641	0	17,311,641	0.067716	0	2.00
3.00	Total (sum of lines 1-2)	255,651,680	0	255,651,680	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	13,451,434	107,257	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,329,157	1,235,397	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,780,591	1,342,654	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	1,125,019	308,969	0	-1,197,574	13,795,105	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	26,049	0	281,714	3,872,317	2.00
3.00	Total (sum of lines 1-2)	1,125,019	335,018	0	-915,860	17,667,422	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
5/28/2015 1:02 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)	B	-92,028		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-521,159		ADMINISTRATIVE & GENERAL	5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,161,457				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	1,150,222				0	12.00
13.00 Laundry and linen service	B	-1,951,467		LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-992,301		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-170,023		PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-99,283		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			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)				UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)				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 TELEVISION EXPENSE	A	-26,290		ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00 PHYSICIAN RECRUITMENT	A	-143,143		ADMINISTRATIVE & GENERAL	5.00	0	34.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150018

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

Worksheet A-8

Date/Time Prepared:
5/28/2015 1:02 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	3.00	
35.00 MEALS ON WHEELS EXPENSE	A	-165,338	DIETARY	10.00	0	35.00
36.00 LOBBYING EXPENSES	A	-7,917	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00 NFS CHARGES	A	-560	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00 DELI	A	-7,972	CAFETERIA	11.00	0	38.00
39.00 MEDICAL STAFF DUES	B	-97,170	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00 PAYPHONE REVENUE	B	-240	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00 OTHER REVENUE-ADMIN	B	-2,500	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00 EMS REVENUE	B	-85,913	PARAMEDICAL PRGM	23.00	0	42.00
43.00 TRUSTEE FEE	A	-81,074	ADMINISTRATIVE & GENERAL	5.00	0	43.00
44.00 ENVIRONMENTAL SERVICES	B	-1,200	HOUSEKEEPING	9.00	0	44.00
45.00 PLANT MAINT MISC REVENUE	B	-1,363	OPERATION OF PLANT	7.00	0	45.00
46.00 OTHER REVENUE - ADMIN HIP	B	-42,175	ADMINISTRATIVE & GENERAL	5.00	0	46.00
47.00 PHYSICAL THERAPY MISC REVENUE	B	-2,043	PHYSICAL THERAPY	66.00	0	47.00
48.00 OTHER REVENUE-FOUNDATION ADMIN	B	-131,734	ADMINISTRATIVE & GENERAL	5.00	0	48.00
49.00 IMAGING SERVICES MISC REVENUE	B	-5,237	RADIOLOGY-DIAGNOSTIC	54.00	0	49.00
49.02 NURSING ADMIN MISC REVENUE	B	-22,080	NURSING ADMINISTRATION	13.00	0	49.02
49.03 NON-ALLOWABLE ADMIN EXPENSES	A	-35,304	SOCIAL SERVICE	17.00	0	49.03
49.04 NON-ALLOWABLE CONTRIBUTIONS	A	-300	ADMINISTRATIVE & GENERAL	5.00	0	49.04
49.05 NON-ALLOWABLE HAF EXPENSE	A	-16,881,340	ADMINISTRATIVE & GENERAL	5.00	0	49.05
49.06 LACTATION SUPPLIES SALES REVENUE	B	-208	ADULTS & PEDIATRICS	30.00	0	49.06
49.07 WOMENS' SERVICES MISC REVENUE	B	-1,275	CLINIC	90.00	0	49.07
49.08 PHYSICIAN GUARANTEE	A	-4,066,373	OPERATING ROOM	50.00	0	49.08
49.09 RENTAL REVENUE	B	-1,197,574	CAP REL COSTS-BLDG & FIXT	1.00	14	49.09
49.10 JOINT VENTURE ACTIVITY	B	-95,331	ADMINISTRATIVE & GENERAL	5.00	0	49.10
49.11 SEMINAR REVENUE	B	-58,873	ADMINISTRATIVE & GENERAL	5.00	11	49.11
49.12 SEMINAR REVENUE	B	-45,395	OPERATING ROOM	50.00	0	49.12
49.13 SEMINAR REVENUE	B	-500	EMERGENCY	91.00	0	49.13
49.14 OTHER REVENUE - ADMIN	B	-150,778	ADMINISTRATIVE & GENERAL	5.00	0	49.14
49.15 OTHER REVENUE - HR	B	-6	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49.15
49.16 OTHER REVENUE - CT SCAN	B	-2,850	CT SCAN	57.00	0	49.16
49.17 OTHER REVENUE - SURGERY	B	-1,838	OPERATING ROOM	50.00	0	49.17
49.18 OTHER REVENUE - BARIATRIC	B	-263,644	OPERATING ROOM	50.00	0	49.18
49.19 OTHER REVENUE - ED	B	-347,464	EMERGENCY	91.00	0	49.19
49.20 OTHER REVENUE - PRENATAL PROGRAM	B	-7,458	ADULTS & PEDIATRICS	30.00	0	49.20
49.21 OTHER REVENUE - BONE	B	-400	CLINIC	90.00	0	49.21
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-28,818,356				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: 150018

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 1:02 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HOME OFFICE NEW CAPITAL - BU	107,257	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HOME OFFICE NEW CAPITAL- EQU	897,297	0
3.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-CAPITAL COST	16,547,249	0
4.00	5.00	ADMINISTRATIVE & GENERAL	HOME OFFICE NON-ALLOWABLE	0	16,401,581
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			17,551,803	16,401,581

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

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

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

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

6.00	B	BEACON HLTH SYS	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: 150018

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2015 1:02 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	107,257	10		1.00
2.00	897,297	10		2.00
3.00	16,547,249	0		3.00
4.00	-16,401,581	0		4.00
5.00	1,150,222			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2015 1:02 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	ADMINISTRATIVE & GENERAL	18,000	0	18,000	171,400	144	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	8,188	0	8,188	171,400	66	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	15,750	0	15,750	154,100	105	3.00
4.00	90.00	CLINIC	2,300	0	2,300	171,400	14	4.00
5.00	66.00	PHYSICAL THERAPY	6,500	0	6,500	171,400	388	5.00
6.00	76.00	CARDIOLOGY	923	0	923	171,400	5	6.00
7.00	76.00	CARDIOLOGY	580	0	580	171,400	4	7.00
8.00	76.00	CARDIOLOGY	945	0	945	171,400	6	8.00
9.00	76.00	CARDIOLOGY	6,866	0	6,866	171,400	31	9.00
10.00	76.00	CARDIOLOGY	1,600	0	1,600	171,400	8	10.00
11.00	65.00	RESPIRATORY THERAPY	540	0	540	171,400	3	11.00
12.00	65.00	RESPIRATORY THERAPY	3,383	0	3,383	171,400	21	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	22,917	0	22,917	171,400	162	13.00
14.00	65.00	RESPIRATORY THERAPY	675	0	675	171,400	3	14.00
15.00	59.00	CARDIAC CATHETERIZATION	11,895	0	11,895	171,400	33	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	54,200	0	54,200	231,100	250	16.00
17.00	50.00	OPERATING ROOM	41,000	0	41,000	204,100	200	17.00
18.00	91.00	EMERGENCY	9,000	0	9,000	171,400	45	18.00
19.00	91.00	EMERGENCY	100,000	0	100,000	171,400	1,169	19.00
20.00	91.00	EMERGENCY	1,620	0	1,620	171,400	12	20.00
21.00	91.00	EMERGENCY	118,688	0	118,688	171,400	768	21.00
22.00	31.00	INTENSIVE CARE UNIT	5,338	0	5,338	171,400	31	22.00
23.00	30.00	ADULTS & PEDIATRICS	15,370	0	15,370	194,500	106	23.00
24.00	30.00	ADULTS & PEDIATRICS	29,341	0	29,341	142,500	243	24.00
25.00	41.00	SUBPROVIDER - IRF	85,000	0	85,000	171,400	1,956	25.00
26.00	30.00	ADULTS & PEDIATRICS	1,982,147	1,982,147	0	0	0	26.00
200.00			2,542,766	1,982,147	560,619		5,773	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	ADMINISTRATIVE & GENERAL	11,866	593	0	0	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	5,439	272	0	0	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	7,779	389	0	0	0	3.00
4.00	90.00	CLINIC	1,154	58	0	0	0	4.00
5.00	66.00	PHYSICAL THERAPY	31,973	1,599	0	0	0	5.00
6.00	76.00	CARDIOLOGY	412	21	0	0	0	6.00
7.00	76.00	CARDIOLOGY	330	17	0	0	0	7.00
8.00	76.00	CARDIOLOGY	494	25	0	0	0	8.00
9.00	76.00	CARDIOLOGY	2,555	128	0	0	0	9.00
10.00	76.00	CARDIOLOGY	659	33	0	0	0	10.00
11.00	65.00	RESPIRATORY THERAPY	247	12	0	0	0	11.00
12.00	65.00	RESPIRATORY THERAPY	1,730	87	0	0	0	12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	13,349	667	0	0	0	13.00
14.00	65.00	RESPIRATORY THERAPY	247	12	0	0	0	14.00
15.00	59.00	CARDIAC CATHETERIZATION	2,719	136	0	0	0	15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	27,776	1,389	0	0	0	16.00
17.00	50.00	OPERATING ROOM	19,625	981	0	0	0	17.00
18.00	91.00	EMERGENCY	3,708	185	0	0	0	18.00
19.00	91.00	EMERGENCY	96,330	4,817	0	0	0	19.00
20.00	91.00	EMERGENCY	989	49	0	0	0	20.00
21.00	91.00	EMERGENCY	63,286	3,164	0	0	0	21.00
22.00	31.00	INTENSIVE CARE UNIT	2,555	128	0	0	0	22.00
23.00	30.00	ADULTS & PEDIATRICS	9,912	496	0	0	0	23.00
24.00	30.00	ADULTS & PEDIATRICS	16,648	832	0	0	0	24.00
25.00	41.00	SUBPROVIDER - IRF	161,182	8,059	0	0	0	25.00
26.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	26.00
200.00			482,964	24,149	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	ADMINISTRATIVE & GENERAL	0	11,866	6,134	6,134	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	0	5,439	2,749	2,749	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	7,779	7,971	7,971	3.00
4.00	90.00	CLINIC	0	1,154	1,146	1,146	4.00
5.00	66.00	PHYSICAL THERAPY	0	31,973	0	0	5.00
6.00	76.00	CARDIOLOGY	0	412	511	511	6.00
7.00	76.00	CARDIOLOGY	0	330	250	250	7.00
8.00	76.00	CARDIOLOGY	0	494	451	451	8.00
9.00	76.00	CARDIOLOGY	0	2,555	4,311	4,311	9.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150018

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2015 1:02 pm

	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		
10.00	76.00	CARDIOLOGY	0	659	941	941		10.00
11.00	65.00	RESPIRATORY THERAPY	0	247	293	293		11.00
12.00	65.00	RESPIRATORY THERAPY	0	1,730	1,653	1,653		12.00
13.00	54.00	RADIOLOGY-DIAGNOSTIC	0	13,349	9,568	9,568		13.00
14.00	65.00	RESPIRATORY THERAPY	0	247	428	428		14.00
15.00	59.00	CARDIAC CATHETERIZATION	0	2,719	9,176	9,176		15.00
16.00	54.00	RADIOLOGY-DIAGNOSTIC	0	27,776	26,424	26,424		16.00
17.00	50.00	OPERATING ROOM	0	19,625	21,375	21,375		17.00
18.00	91.00	EMERGENCY	0	3,708	5,292	5,292		18.00
19.00	91.00	EMERGENCY	0	96,330	3,670	3,670		19.00
20.00	91.00	EMERGENCY	0	989	631	631		20.00
21.00	91.00	EMERGENCY	0	63,286	55,402	55,402		21.00
22.00	31.00	INTENSIVE CARE UNIT	0	2,555	2,783	2,783		22.00
23.00	30.00	ADULTS & PEDIATRICS	0	9,912	5,458	5,458		23.00
24.00	30.00	ADULTS & PEDIATRICS	0	16,648	12,693	12,693		24.00
25.00	41.00	SUBPROVIDER - IRF	0	161,182	0	0		25.00
26.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,982,147		26.00
200.00			0	482,964	179,310	2,161,457		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:02 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	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	13,795,105	13,795,105			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,872,317		3,872,317		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	711,825	46,187	12,965	770,977	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,362,283	820,923	230,435	58,585	34,472,226
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,488,376	2,770,114	777,577	15,553	11,051,620
8.00 00800	LAUNDRY & LINEN SERVICE	989,773	295,883	83,055	8,643	1,377,354
9.00 00900	HOUSEKEEPING	3,212,850	88,614	24,874	17,384	3,343,722
10.00 01000	DIETARY	2,007,571	227,514	63,864	7,400	2,306,349
11.00 01100	CAFETERIA	1,245,761	87,128	24,457	11,202	1,368,548
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,238,373	60,510	16,985	15,275	2,331,143
14.00 01400	CENTRAL SERVICES & SUPPLY	1,126,717	243,930	68,472	5,780	1,444,899
15.00 01500	PHARMACY	4,725,237	86,114	24,172	40,013	4,875,536
16.00 01600	MEDICAL RECORDS & LIBRARY	2,625,450	81,791	22,959	17,933	2,748,133
17.00 01700	SOCIAL SERVICE	2,232,827	2,522	708	13,456	2,249,513
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
23.00 02300	PARAMED PRGM	348,281	5,630	1,580	1,589	357,080
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	27,318,025	2,951,011	828,356	197,693	31,295,085
31.00 03100	INTENSIVE CARE UNIT	4,932,937	251,925	70,716	37,532	5,293,110
31.01 03101	NEONATAL INTENSIVE CARE	1,267,596	52,470	14,729	10,292	1,345,087
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I/RF	1,357,276	213,935	60,052	9,829	1,641,092
43.00 04300	NURSERY	2,470,444	312,299	87,663	17,625	2,888,031
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,972,117	1,172,046	328,996	74,387	15,547,546
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,658,198	843,690	236,826	49,717	9,788,431
54.01 05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02 05402	BREAST CENTER	0	0	0	0	54.02
54.03 05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	ULTRASOUND	0	0	0	0	56.01
57.00 05700	CT SCAN	1,567,421	159,865	44,875	8,099	1,780,260
58.00 05800	MRI	907,918	80,777	22,674	3,753	1,015,122
59.00 05900	CARDIAC CATHETERIZATION	4,403,105	91,699	25,740	12,381	4,532,925
60.00 06000	LABORATORY	10,235,047	122,258	34,318	0	10,391,623
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,551,093	0	0	0	1,551,093
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	1,307,392	43,980	12,345	10,398	1,374,115
64.01 06401	HOME INFUSION	0	0	0	0	64.01
65.00 06500	RESPIRATORY THERAPY	3,100,880	40,625	11,404	20,942	3,173,851
66.00 06600	PHYSICAL THERAPY	1,878,530	111,854	31,398	14,769	2,036,551
67.00 06700	OCCUPATIONAL THERAPY	622,564	53,709	15,076	5,002	696,351
68.00 06800	SPEECH PATHOLOGY	245,037	32,203	9,039	1,929	288,208
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 PATIENT	25,041,849	0	0	0	25,041,849
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,976,152	0	0	0	3,976,152
73.00 07300	DRUGS CHARGED TO PATIENTS	10,457,592	0	0	0	10,457,592
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03140	CARDIOLOGY	2,283,787	170,022	47,725	14,032	2,515,566
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	694,422	120,366	33,787	4,833	853,408
90.01 04951	SLEEP CLINIC	513,659	0	0	3,901	517,560
91.00 09100	EMERGENCY	7,624,845	308,426	86,576	48,275	8,068,122
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	216,370,632	11,950,020	3,354,398	758,202	213,994,853	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	49,921	242,377	68,036	0	360,334	192.00
192.01 19201 HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PSYCH	263	0	0	0	263	192.02
193.00 19300 NONPAID WORKERS	238,935	0	0	1,673	240,608	193.00
193.01 19301 COMMUNITY	1,187,227	102,779	28,850	6,430	1,325,286	193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	2,617,549	1,499,929	421,033	4,672	4,543,183	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	220,464,527	13,795,105	3,872,317	770,977	220,464,527	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/28/2015 1:02 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
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	34,472,226			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	2,048,329	0	13,099,949	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	255,282	0	381,580	2,014,216	8.00	
9.00	00900	HOUSEKEEPING	619,732	0	114,280	0	4,077,734	9.00
10.00	01000	DIETARY	427,463	0	293,409	0	8,149	10.00
11.00	01100	CAFETERIA	253,649	0	112,363	0	43,117	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	432,059	0	78,035	0	15,304	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	267,800	0	314,581	322,195	67,755	14.00
15.00	01500	PHARMACY	903,642	0	111,056	0	30,798	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	509,344	0	105,480	0	17,389	16.00
17.00	01700	SOCIAL SERVICE	416,929	0	3,253	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM	66,182	0	7,260	0	1,990	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,800,337	0	3,805,726	783,627	1,759,249	30.00
31.00	03100	INTENSIVE CARE UNIT	981,036	0	324,891	119,962	141,195	31.00
31.01	03101	NEONATAL INTENSIVE CARE	249,301	0	67,667	13,455	27,102	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	304,163	0	275,897	14,690	101,016	41.00
43.00	04300	NURSERY	535,273	0	402,752	57,281	27,102	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,881,613	0	1,511,510	196,952	435,003	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,814,207	0	1,088,052	152,420	144,748	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	329,957	0	206,168	0	17,863	57.00
58.00	05800	MRI	188,145	0	104,173	20,860	12,224	58.00
59.00	05900	CARDIAC CATHETERIZATION	840,141	0	118,258	0	64,959	59.00
60.00	06000	LABORATORY	1,926,004	0	157,668	0	36,957	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	287,483	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	254,681	0	56,719	0	41,932	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	588,248	0	52,391	0	9,239	65.00
66.00	06600	PHYSICAL THERAPY	377,458	0	144,251	16,187	24,638	66.00
67.00	06700	OCCUPATIONAL THERAPY	129,063	0	69,265	0	1,990	67.00
68.00	06800	SPEECH PATHOLOGY	53,417	0	41,530	0	12,319	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 PATIENT	4,641,306	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	736,948	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,938,231	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	466,240	0	219,266	12,591	30,134	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	158,172	0	155,228	0	26,296	90.00
90.01	04951	SLEEP CLINIC	95,926	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,495,362	0	397,757	303,996	414,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	
		SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	101.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	33,273,123	0	10,720,466	2,014,216	3,512,908	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	66,785	0	312,577	0	109,023	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	49	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	44,595	0	0	0	0	193.00
193.01	19301	COMMUNITY	245,631	0	132,547	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	842,043	0	1,934,359	0	455,803	194.00
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)	34,472,226	0	13,099,949	2,014,216	4,077,734	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	3,035,370					10.00
11.00	01100	CAFETERIA	0	1,777,677				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	44,398	0	2,900,939		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	28,591	0	0	2,445,821	14.00
15.00	01500	PHARMACY	0	76,500	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	66,388	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	33,719	0	2,698	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM	0	4,462	0	32	117	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,601,244	567,025	0	1,411,681	88,622	30.00
31.00	03100	INTENSIVE CARE UNIT	247,386	99,916	0	309,551	38,742	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	20,379	0	50,955	6,035	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	186,740	24,941	0	60,425	891	41.00
43.00	04300	NURSERY	0	46,301	0	134,784	43	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	196,454	0	378,765	1,852,302	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	123,626	0	38,695	27,354	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	21,370	0	0	1,101	57.00
58.00	05800	MRI	0	9,708	0	204	682	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,645	0	45,757	366,363	59.00
60.00	06000	LABORATORY	0	0	0	0	636	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	23,385	0	85,978	28,899	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	56,187	0	0	1,572	65.00
66.00	06600	PHYSICAL THERAPY	0	36,997	0	20	278	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	12,363	0	0	40	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,763	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 PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	0	37,566	0	43,485	290	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,937	0	9,872	0	90.00
90.01	04951	SLEEP CLINIC	0	11,146	0	0	35	90.01
91.00	09100	EMERGENCY	0	157,318	0	327,330	31,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,035,370	1,745,085	0	2,900,232	2,445,821	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	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	5,567	0	0	0	193.00
193.01	19301	COMMUNITY	0	12,344	0	707	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	14,681	0	0	0	194.00
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)	3,035,370	1,777,677	0	2,900,939	2,445,821	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	PARAMED PRGM	
	15.00	16.00	17.00	18.00	23.00	
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
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	5,997,532					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,446,734				16.00
17.00 01700 SOCIAL SERVICE	0	0	2,706,112			17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0	0		18.00
23.00 02300 PARAMED PRGM	0	0	0	0	437,123	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	45,372	615,998	2,079,157	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	7,981	117,627	252,592	0	0	31.00
31.01 03101 NEONATAL INTENSIVE CARE	76	17,006	18,307	0	0	31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	396	27,666	40,316	0	0	41.00
43.00 04300 NURSERY	0	21	315,740	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	179,795	626,687	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	544,365	329,094	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	64	298,797	0	0	0	57.00
58.00 05800 MRI	0	71,483	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,312,699	360,299	0	0	0	59.00
60.00 06000 LABORATORY	182	349,031	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	74,615	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,632	8,272	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	227,736	86,033	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	30,518	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	16,356	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,380	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 PATIENT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03140 RADIOLOGY	324,145	151,413	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	23,649	0	0	0	90.00
90.01 04951 SLEEP CLINIC	0	17,937	0	0	0	90.01
91.00 09100 EMERGENCY	8,326	218,852	0	0	437,123	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	PARAMED PRGM	
						18.00		
			15.00	16.00	17.00	18.00	23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,652,769	3,446,734	2,706,112	0	437,123	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	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	COMMUNITY	387	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,344,376	0	0	0	0	194.00
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)	5,997,532	3,446,734	2,706,112	0	437,123	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
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
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE				18.00
23.00	02300	PARAMED ED PRGM				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	50,853,123	0	50,853,123	30.00
31.00	03100	INTENSIVE CARE UNIT	7,933,989	0	7,933,989	31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,815,370	0	1,815,370	31.01
40.00	04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	2,678,233	0	2,678,233	41.00
43.00	04300	NURSERY	4,407,328	0	4,407,328	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,806,627	0	23,806,627	50.00
51.00	05100	RECOVERY ROOM	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,050,992	0	14,050,992	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	56.01
57.00	05700	CT SCAN	2,655,580	0	2,655,580	57.00
58.00	05800	MRI	1,422,601	0	1,422,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,672,046	0	8,672,046	59.00
60.00	06000	LABORATORY	12,862,101	0	12,862,101	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,913,191	0	1,913,191	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,875,613	0	1,875,613	64.00
64.01	06401	HOME INFUSION	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	4,195,257	0	4,195,257	65.00
66.00	06600	PHYSICAL THERAPY	2,666,898	0	2,666,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	925,428	0	925,428	67.00
68.00	06800	SPEECH PATHOLOGY	405,617	0	405,617	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 PATIENT	29,683,155	0	29,683,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,713,100	0	4,713,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,395,823	0	12,395,823	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03140	CARDIOLOGY	3,800,696	0	3,800,696	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,237,562	0	1,237,562	90.00
90.01	04951	SLEEP CLINIC	642,604	0	642,604	90.01
91.00	09100	EMERGENCY	11,860,445	0	11,860,445	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150018

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	207,473,379	0	207,473,379	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	848,719	0	848,719	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	312	0	312	192.02
193.00	19300	NONPAID WORKERS	290,770	0	290,770	193.00
193.01	19301	COMMUNITY	1,716,902	0	1,716,902	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	10,134,445	0	10,134,445	194.00
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	220,464,527	0	220,464,527	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:02 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	46,187	12,965	59,152	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	820,923	230,435	1,051,358	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	2,770,114	777,577	3,547,691	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	295,883	83,055	378,938	8.00
9.00 00900	HOUSEKEEPING	0	88,614	24,874	113,488	9.00
10.00 01000	DIETARY	0	227,514	63,864	291,378	10.00
11.00 01100	CAFETERIA	0	87,128	24,457	111,585	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	60,510	16,985	77,495	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	243,930	68,472	312,402	14.00
15.00 01500	PHARMACY	0	86,114	24,172	110,286	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	81,791	22,959	104,750	16.00
17.00 01700	SOCIAL SERVICE	0	2,522	708	3,230	17.00
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
23.00 02300	PARAMED ED PRGM	0	5,630	1,580	7,210	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,951,011	828,356	3,779,367	30.00
31.00 03100	INTENSIVE CARE UNIT	0	251,925	70,716	322,641	31.00
31.01 03101	NEONATAL INTENSIVE CARE	0	52,470	14,729	67,199	31.01
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	213,935	60,052	273,987	41.00
43.00 04300	NURSERY	0	312,299	87,663	399,962	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,172,046	328,996	1,501,042	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	843,690	236,826	1,080,516	54.00
54.01 05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02 05402	BREAST CENTER	0	0	0	0	54.02
54.03 05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
56.01 05601	ULTRASOUND	0	0	0	0	56.01
57.00 05700	CT SCAN	0	159,865	44,875	204,740	57.00
58.00 05800	MRI	0	80,777	22,674	103,451	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	91,699	25,740	117,439	59.00
60.00 06000	LABORATORY	0	122,258	34,318	156,576	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	43,980	12,345	56,325	64.00
64.01 06401	HOME INFUSION	0	0	0	0	64.01
65.00 06500	RESPIRATORY THERAPY	0	40,625	11,404	52,029	65.00
66.00 06600	PHYSICAL THERAPY	0	111,854	31,398	143,252	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	53,709	15,076	68,785	67.00
68.00 06800	SPEECH PATHOLOGY	0	32,203	9,039	41,242	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 PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03140	CARDIOLOGY	0	170,022	47,725	217,747	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	120,366	33,787	154,153	90.00
90.01 04951	SLEEP CLINIC	0	0	0	0	90.01
91.00 09100	EMERGENCY	0	308,426	86,576	395,002	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

Period:
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	2A			
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	11,950,020	3,354,398	15,304,418		58,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	242,377	68,036	310,413	0	0	192.00
192.01 19201 HOSPITAL BASED CLINIC	0	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PSYCH	0	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	128	193.00
193.01 19301 COMMUNITY	0	102,779	28,850	131,629	493	193.01	193.01
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	1,499,929	421,033	1,920,962	358	194.00	194.00
200.00 Cross Foot Adjustments					0	200.00	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00	201.00
202.00 TOTAL (sum lines 118-201)	0	13,795,105	3,872,317	17,667,422	59,152	202.00	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	1,055,851				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	62,740	0	3,611,624		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,819	0	105,201	492,621	8.00
9.00	00900	HOUSEKEEPING	18,982	0	31,507	0	165,310
10.00	01000	DIETARY	13,093	0	80,892	0	330
11.00	01100	CAFETERIA	7,769	0	30,978	0	1,748
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	13,234	0	21,514	0	620
14.00	01400	CENTRAL SERVICES & SUPPLY	8,203	0	86,729	78,800	2,747
15.00	01500	PHARMACY	27,678	0	30,618	0	1,249
16.00	01600	MEDICAL RECORDS & LIBRARY	15,601	0	29,081	0	705
17.00	01700	SOCIAL SERVICE	12,770	0	897	0	0
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0
23.00	02300	PARAMED PRGM	2,027	0	2,002	0	81
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	177,635	0	1,049,226	191,653	71,318
31.00	03100	INTENSIVE CARE UNIT	30,049	0	89,572	29,339	5,724
31.01	03101	NEONATAL INTENSIVE CARE	7,636	0	18,656	3,291	1,099
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	9,316	0	76,064	3,593	4,095
43.00	04300	NURSERY	16,395	0	111,038	14,009	1,099
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	88,263	0	416,720	48,169	17,635
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,569	0	299,973	37,278	5,868
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0
54.02	05402	BREAST CENTER	0	0	0	0	0
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.01	05601	ULTRASOUND	0	0	0	0	0
57.00	05700	CT SCAN	10,107	0	56,840	0	724
58.00	05800	MRI	5,763	0	28,720	5,102	496
59.00	05900	CARDIAC CATHETERIZATION	25,733	0	32,604	0	2,633
60.00	06000	LABORATORY	58,993	0	43,469	0	1,498
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	8,806	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	7,801	0	15,637	0	1,700
64.01	06401	HOME INFUSION	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	18,018	0	14,444	0	375
66.00	06600	PHYSICAL THERAPY	11,562	0	39,770	3,959	999
67.00	06700	OCCUPATIONAL THERAPY	3,953	0	19,096	0	81
68.00	06800	SPEECH PATHOLOGY	1,636	0	11,450	0	499
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	142,163	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,573	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	59,368	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03140	CARDIOLOGY	14,281	0	60,451	3,079	1,222
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,845	0	42,796	0	1,066
90.01	04951	SLEEP CLINIC	2,938	0	0	0	0
91.00	09100	EMERGENCY	45,803	0	109,661	74,349	16,801
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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To 12/31/2014

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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS	0	0	0	0	0	0
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,019,122	0	2,955,606	492,621	142,412	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	2,046	0	86,177	0	4,420	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	1	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	1,366	0	0	0	0	193.00
193.01	19301	COMMUNITY	7,524	0	36,543	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	25,792	0	533,298	0	18,478	194.00
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)	1,055,851	0	3,611,624	492,621	165,310	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/28/2015 1:02 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	386,261					10.00
11.00	01100	CAFETERIA	0	152,939				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	3,820	0	117,855		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,460	0	0	491,784	14.00
15.00	01500	PHARMACY	0	6,582	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,712	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	2,901	0	110	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM	0	384	0	1	23	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	331,017	48,779	0	57,351	17,819	30.00
31.00	03100	INTENSIVE CARE UNIT	31,481	8,596	0	12,576	7,790	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	1,753	0	2,070	1,213	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	23,763	2,146	0	2,455	179	41.00
43.00	04300	NURSERY	0	3,983	0	5,476	9	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,902	0	15,388	372,446	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,636	0	1,572	5,500	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	1,839	0	0	221	57.00
58.00	05800	MRI	0	835	0	8	137	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,637	0	1,859	73,665	59.00
60.00	06000	LABORATORY	0	0	0	0	128	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	2,012	0	3,493	5,811	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	4,834	0	0	316	65.00
66.00	06600	PHYSICAL THERAPY	0	3,183	0	1	56	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,064	0	0	8	67.00
68.00	06800	SPEECH PATHOLOGY	0	410	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 PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	0	3,232	0	1,767	58	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	941	0	401	0	90.00
90.01	04951	SLEEP CLINIC	0	959	0	0	7	90.01
91.00	09100	EMERGENCY	0	13,535	0	13,298	6,398	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

Period:
From 01/01/2014
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Cost Center Description			DI ETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	386,261	150,135	0	117,826	491,784	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	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	479	0	0	0	193.00
193.01	19301	COMMUNITY	0	1,062	0	29	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	1,263	0	0	0	194.00
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)	386,261	152,939	0	117,855	491,784	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:02 pm		
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	PARAMED PRGM
		15.00	16.00	17.00	18.00	23.00
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
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
12.00	01200					12.00
13.00	01300					13.00
14.00	01400					14.00
15.00	01500	179,482				15.00
16.00	01600	0	157,224			16.00
17.00	01700	0	0	20,940		17.00
18.00	01850	0	0	0	0	18.00
23.00	02300	0	0	0	0	11,850
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	1,358	28,083	16,088	0	30.00
31.00	03100	239	5,362	1,955	0	31.00
31.01	03101	2	775	142	0	31.01
40.00	04000	0	0	0	0	40.00
41.00	04100	12	1,261	312	0	41.00
43.00	04300	0	1	2,443	0	43.00
44.00	04400	0	0	0	0	44.00
45.00	04500	0	0	0	0	45.00
46.00	04600	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	5,381	28,661	0	0	50.00
51.00	05100	0	0	0	0	51.00
52.00	05200	0	0	0	0	52.00
53.00	05300	0	0	0	0	53.00
54.00	05400	16,291	15,003	0	0	54.00
54.01	05401	0	0	0	0	54.01
54.02	05402	0	0	0	0	54.02
54.03	05403	0	0	0	0	54.03
55.00	05500	0	0	0	0	55.00
56.00	05600	0	0	0	0	56.00
56.01	05601	0	0	0	0	56.01
57.00	05700	2	13,622	0	0	57.00
58.00	05800	0	3,259	0	0	58.00
59.00	05900	69,210	16,426	0	0	59.00
60.00	06000	5	15,912	0	0	60.00
60.01	06001	0	0	0	0	60.01
61.00	06100	0	0	0	0	61.00
62.00	06200	0	3,402	0	0	62.00
63.00	06300	0	0	0	0	63.00
64.00	06400	49	377	0	0	64.00
64.01	06401	0	0	0	0	64.01
65.00	06500	6,815	3,922	0	0	65.00
66.00	06600	0	1,391	0	0	66.00
67.00	06700	0	746	0	0	67.00
68.00	06800	0	245	0	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	0	0	70.00
71.00	07100	0	0	0	0	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	0	0	73.00
74.00	07400	0	0	0	0	74.00
75.00	07500	0	0	0	0	75.00
76.00	03140	9,700	6,903	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	0	1,078	0	0	90.00
90.01	04951	0	818	0	0	90.01
91.00	09100	249	9,977	0	0	91.00
92.00	09200	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	0	0	0	0	94.00
95.00	09500	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	PARAMED PRGM	
		15.00	16.00	17.00	18.00	23.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600 HOSPICE	0	0	0	0		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	109,313	157,224	20,940	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100 RESEARCH	0	0	0	0		191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201 HOSPITAL BASED CLINIC	0	0	0	0		192.01
192.02	19202 OUTPATIENT PSYCH	0	0	0	0		192.02
193.00	19300 NONPAID WORKERS	0	0	0	0		193.00
193.01	19301 COMMUNITY	12	0	0	0		193.01
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	70,157	0	0	0		194.00
200.00	Cross Foot Adjustments					11,850	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	179,482	157,224	20,940	0	11,850	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/28/2015 1:02 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
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
12.00	01200				12.00
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
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	5,784,879	0	5,784,879	30.00
31.00	03100	548,202	0	548,202	31.00
31.01	03101	104,625	0	104,625	31.01
40.00	04000	0	0	0	40.00
41.00	04100	397,937	0	397,937	41.00
43.00	04300	555,767	0	555,767	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,516,312	0	2,516,312	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	1,532,019	0	1,532,019	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
54.03	05403	0	0	0	54.03
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.01	05601	0	0	0	56.01
57.00	05700	288,716	0	288,716	57.00
58.00	05800	148,059	0	148,059	58.00
59.00	05900	343,156	0	343,156	59.00
60.00	06000	276,581	0	276,581	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	12,208	0	12,208	62.00
63.00	06300	0	0	0	63.00
64.00	06400	94,002	0	94,002	64.00
64.01	06401	0	0	0	64.01
65.00	06500	102,359	0	102,359	65.00
66.00	06600	205,306	0	205,306	66.00
67.00	06700	94,117	0	94,117	67.00
68.00	06800	55,630	0	55,630	68.00
69.00	06900	0	0	0	69.00
70.00	07000	0	0	0	70.00
71.00	07100	142,163	0	142,163	71.00
72.00	07200	22,573	0	22,573	72.00
73.00	07300	59,368	0	59,368	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03140	319,516	0	319,516	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	205,651	0	205,651	90.00
90.01	04951	5,021	0	5,021	90.01
91.00	09100	688,775	0	688,775	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150018

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,502,942	0	14,502,942	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	403,056	0	403,056	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	1	0	1	192.02
193.00	19300	NONPAID WORKERS	1,973	0	1,973	193.00
193.01	19301	COMMUNITY	177,292	0	177,292	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,570,308	0	2,570,308	194.00
200.00		Cross Foot Adjustments	11,850	0	11,850	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	17,667,422	0	17,667,422	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	612,587				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		612,587			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	2,051	2,051	76,789,162		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	36,454	36,454	5,835,199	-34,472,226	185,992,301
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	123,010	123,010	1,549,109	0	11,051,620
8.00 00800	LAUNDRY & LINEN SERVICE	13,139	13,139	860,895	0	1,377,354
9.00 00900	HOUSEKEEPING	3,935	3,935	1,731,509	0	3,343,722
10.00 01000	DIETARY	10,103	10,103	737,097	0	2,306,349
11.00 01100	CAFETERIA	3,869	3,869	1,115,781	0	1,368,548
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	2,687	2,687	1,521,442	0	2,331,143
14.00 01400	CENTRAL SERVICES & SUPPLY	10,832	10,832	575,712	0	1,444,899
15.00 01500	PHARMACY	3,824	3,824	3,985,333	0	4,875,536
16.00 01600	MEDICAL RECORDS & LIBRARY	3,632	3,632	1,786,130	0	2,748,133
17.00 01700	SOCIAL SERVICE	112	112	1,340,248	0	2,249,513
18.00 01850	OTHER GENERAL SERVICE	0	0	0	0	0
23.00 02300	PARAMED PRGM	250	250	158,237	0	357,080
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	131,043	131,043	19,689,018	0	31,295,085
31.00 03100	INTENSIVE CARE UNIT	11,187	11,187	3,738,295	0	5,293,110
31.01 03101	NEONATAL INTENSIVE CARE	2,330	2,330	1,025,076	0	1,345,087
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	9,500	9,500	979,005	0	1,641,092
43.00 04300	NURSERY	13,868	13,868	1,755,454	0	2,888,031
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	52,046	52,046	7,409,019	0	15,547,546
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	37,465	37,465	4,951,862	0	9,788,431
54.01 05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0
54.02 05402	BREAST CENTER	0	0	0	0	0
54.03 05403	RADIATION ONCOLOGY	0	0	0	0	0
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
56.01 05601	ULTRASOUND	0	0	0	0	0
57.00 05700	CT SCAN	7,099	7,099	806,653	0	1,780,260
58.00 05800	MRI	3,587	3,587	373,850	0	1,015,122
59.00 05900	CARDIAC CATHETERIZATION	4,072	4,072	1,233,169	0	4,532,925
60.00 06000	LABORATORY	5,429	5,429	0	0	10,391,623
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	1,551,093
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	1,953	1,953	1,035,667	0	1,374,115
64.01 06401	HOME INFUSION	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	1,804	1,804	2,085,817	0	3,173,851
66.00 06600	PHYSICAL THERAPY	4,967	4,967	1,471,000	0	2,036,551
67.00 06700	OCCUPATIONAL THERAPY	2,385	2,385	498,232	0	696,351
68.00 06800	SPEECH PATHOLOGY	1,430	1,430	192,112	0	288,208
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	25,041,849
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,976,152
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	10,457,592
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03140	CARDIOLOGY	7,550	7,550	1,397,573	0	2,515,566
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,345	5,345	481,334	0	853,408
90.01 04951	SLEEP CLINIC	0	0	388,583	0	517,560
91.00 09100	EMERGENCY	13,696	13,696	4,808,229	0	8,068,122
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	530,654	530,654	75,516,640	-34,472,226	179,522,627
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,763	10,763	0	0	360,334
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	263
193.00	19300	NONPAID WORKERS	0	0	166,683	0	240,608
193.01	19301	COMMUNITY	4,564	4,564	640,479	0	1,325,286
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	66,606	66,606	465,360	0	4,543,183
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)	13,795,105	3,872,317	770,977		34,472,226
203.00		Unit cost multiplier (Wkst. B, Part I)	22.519422	6.321252	0.010040		0.185342
204.00		Cost to be allocated (per Wkst. B, Part II)			59,152		1,055,851
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000770		0.005677

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS	574,082				6.00
7.00	00700	OPERATION OF PLANT	123,010	451,072			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,139	13,139	1,302,842		8.00
9.00	00900	HOUSEKEEPING	3,935	3,935	0	86,063	9.00
10.00	01000	DIETARY	10,103	10,103	0	172	164,918 10.00
11.00	01100	CAFETERIA	3,869	3,869	0	910	0 11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	2,687	2,687	0	323	0 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,832	10,832	208,403	1,430	0 14.00
15.00	01500	PHARMACY	3,824	3,824	0	650	0 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,632	3,632	0	367	0 16.00
17.00	01700	SOCIAL SERVICE	112	112	0	0	0 17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0 18.00
23.00	02300	PARAMED PRGM	250	250	0	42	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	131,043	131,043	506,868	37,130	141,331 30.00
31.00	03100	INTENSIVE CARE UNIT	11,187	11,187	77,594	2,980	13,441 31.00
31.01	03101	NEONATAL INTENSIVE CARE	2,330	2,330	8,703	572	0 31.01
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - I/RF	9,500	9,500	9,502	2,132	10,146 41.00
43.00	04300	NURSERY	13,868	13,868	37,051	572	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	52,046	52,046	127,393	9,181	0 50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,465	37,465	98,589	3,055	0 54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0 54.01
54.02	05402	BREAST CENTER	0	0	0	0	0 54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.01	05601	ULTRASOUND	0	0	0	0	0 56.01
57.00	05700	CT SCAN	7,099	7,099	0	377	0 57.00
58.00	05800	MRI	3,587	3,587	13,493	258	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	4,072	4,072	0	1,371	0 59.00
60.00	06000	LABORATORY	5,429	5,429	0	780	0 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	1,953	1,953	0	885	0 64.00
64.01	06401	HOME INFUSION	0	0	0	0	0 64.01
65.00	06500	RESPIRATORY THERAPY	1,804	1,804	0	195	0 65.00
66.00	06600	PHYSICAL THERAPY	4,967	4,967	10,470	520	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	2,385	2,385	0	42	0 67.00
68.00	06800	SPEECH PATHOLOGY	1,430	1,430	0	260	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 PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00	03140	CARDIOLOGY	7,550	7,550	8,144	636	0 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	5,345	5,345	0	555	0 90.00
90.01	04951	SLEEP CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	13,696	13,696	196,632	8,747	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	492,149	369,139	1,302,842	74,142	164,918	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	10,763	10,763	0	2,301	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	COMMUNITY	4,564	4,564	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	66,606	66,606	0	9,620	0	194.00
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	13,099,949	2,014,216	4,077,734	3,035,370	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	29.041814	1.546017	47.380802	18.405329	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	3,611,624	492,621	165,310	386,261	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	8.006757	0.378113	1.920802	2.342140	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
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
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	2,291,155					11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	2,291,155				12.00
13.00	01300	NURSING ADMINISTRATION	57,222	57,222	1,009,679			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	36,849	36,849	0	28,938,864		14.00
15.00	01500	PHARMACY	98,597	98,597	0	5	4,965,505	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	85,564	85,564	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	43,459	43,459	939	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	0	18.00
23.00	02300	PARAMED PRGM	5,751	5,751	11	1,382	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	730,810	730,810	491,339	1,048,575	37,565	30.00
31.00	03100	INTENSIVE CARE UNIT	128,776	128,776	107,740	458,393	6,608	31.00
31.01	03101	NEONATAL INTENSIVE CARE	26,265	26,265	17,735	71,401	63	31.01
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	32,145	32,145	21,031	10,542	328	41.00
43.00	04300	NURSERY	59,675	59,675	46,912	510	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	253,199	253,199	131,830	21,916,371	148,857	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	159,335	159,335	13,468	323,645	450,693	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	27,543	27,543	0	13,023	53	57.00
58.00	05800	MRI	12,512	12,512	71	8,075	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	39,497	39,497	15,926	4,334,785	1,914,741	59.00
60.00	06000	LABORATORY	0	0	0	7,521	151	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	30,140	30,140	29,925	341,929	1,351	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	72,417	72,417	0	18,604	188,548	65.00
66.00	06600	PHYSICAL THERAPY	47,684	47,684	7	3,290	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,934	15,934	0	475	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,139	6,139	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 PATIENT	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	48,417	48,417	15,135	3,435	268,368	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,096	14,096	3,436	0	0	90.00
90.01	04951	SLEEP CLINIC	14,365	14,365	0	420	0	90.01
91.00	09100	EMERGENCY	202,759	202,759	113,928	376,483	6,893	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
			11.00	12.00	13.00	14.00	15.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,249,150	2,249,150	1,009,433	28,938,864	3,024,219	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	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	7,175	7,175	0	0	0	193.00
193.01	19301	COMMUNITY	15,909	15,909	246	0	320	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	18,921	18,921	0	0	1,940,966	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,777,677	0	2,900,939	2,445,821	5,997,532	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.775887	0.000000	2.873130	0.084517	1.207839	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,939	0	117,855	491,784	179,482	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.066752	0.000000	0.116725	0.016994	0.036146	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
	16.00	17.00	18.00	23.00	
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
6.00 00600 MAINTENANCE & REPAIRS					6.00
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
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	536,283,204				16.00
17.00 01700 SOCIAL SERVICE	0	13,156			17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0		18.00
23.00 02300 PARAMED PRGM	0	0	0	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	95,845,312	10,108	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	18,302,026	1,228	0	0	31.00
31.01 03101 NEONATAL INTENSIVE CARE	2,646,060	89	0	0	31.01
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	4,304,684	196	0	0	41.00
43.00 04300 NURSERY	3,321	1,535	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	97,501,646	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	51,204,920	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	56.01
57.00 05700 CT SCAN	46,490,894	0	0	0	57.00
58.00 05800 MRI	11,122,361	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	56,060,179	0	0	0	59.00
60.00 06000 LABORATORY	54,306,994	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	11,609,631	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	1,287,012	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	13,386,211	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,748,427	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,544,953	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	837,066	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 PATIENT	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03140 RADIOLOGY	23,558,901	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	3,679,646	0	0	0	90.00
90.01 04951 SLEEP CLINIC	2,790,927	0	0	0	90.01
91.00 09100 EMERGENCY	34,052,033	0	0	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150018

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

Worksheet B-1

Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		16.00	17.00	18.00	23.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	536,283,204	13,156	0	100
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
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	COMMUNITY	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,446,734	2,706,112	0	437,123
203.00		Unit cost multiplier (Wkst. B, Part I)	0.006427	205.694132	0.000000	4,371.230000
204.00		Cost to be allocated (per Wkst. B, Part II)	157,224	20,940	0	11,850
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000293	1.591669	0.000000	118.500000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

		Title XVIIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	50,853,123		50,853,123	18,151	50,871,274	30.00
31.00	03100 INTENSIVE CARE UNIT	7,933,989		7,933,989	2,783	7,936,772	31.00
31.01	03101 NEONATAL INTENSIVE CARE	1,815,370		1,815,370	0	1,815,370	31.01
40.00	04000 SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RP	2,678,233		2,678,233	0	2,678,233	41.00
43.00	04300 NURSERY	4,407,328		4,407,328	0	4,407,328	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	23,806,627		23,806,627	21,375	23,828,002	50.00
51.00	05100 RECOVERY ROOM	0		0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,050,992		14,050,992	35,992	14,086,984	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0		0	0	0	54.01
54.02	05402 BREAST CENTER	0		0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0		0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
56.01	05601 ULTRASOUND	0		0	0	0	56.01
57.00	05700 CT SCAN	2,655,580		2,655,580	0	2,655,580	57.00
58.00	05800 MRI	1,422,601		1,422,601	0	1,422,601	58.00
59.00	05900 CARDIAC CATHETERIZATION	8,672,046		8,672,046	9,176	8,681,222	59.00
60.00	06000 LABORATORY	12,862,101		12,862,101	0	12,862,101	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,913,191		1,913,191	0	1,913,191	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	1,875,613		1,875,613	0	1,875,613	64.00
64.01	06401 HOME INFUSION	0		0	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	4,195,257	0	4,195,257	2,374	4,197,631	65.00
66.00	06600 PHYSICAL THERAPY	2,666,898	0	2,666,898	0	2,666,898	66.00
67.00	06700 OCCUPATIONAL THERAPY	925,428	0	925,428	0	925,428	67.00
68.00	06800 SPEECH PATHOLOGY	405,617	0	405,617	0	405,617	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 PATIENT	29,683,155		29,683,155	0	29,683,155	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,713,100		4,713,100	0	4,713,100	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,395,823		12,395,823	0	12,395,823	73.00
74.00	07400 RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03140 RADIOLOGY	3,800,696		3,800,696	6,464	3,807,160	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	1,237,562		1,237,562	1,146	1,238,708	90.00
90.01	04951 SLEEP CLINIC	642,604		642,604	0	642,604	90.01
91.00	09100 EMERGENCY	11,860,445		11,860,445	64,995	11,925,440	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,145,710		7,145,710	0	7,145,710	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	214,619,089	0	214,619,089	162,456	214,781,545	200.00
201.00	Less Observation Beds	7,145,710		7,145,710	0	7,145,710	201.00
202.00	Total (see instructions)	207,473,379	0	207,473,379	162,456	207,635,835	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:02 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	87,751,873		87,751,873		30.00
31.00	03100	INTENSIVE CARE UNIT	18,305,031		18,305,031		31.00
31.01	03101	NEONATAL INTENSIVE CARE	2,646,060		2,646,060		31.01
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	3,730,512		3,730,512		41.00
43.00	04300	NURSERY	4,461,092		4,461,092		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,107,999	47,393,647	97,501,646	0.244166	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,401,748	41,803,172	51,204,920	0.274407	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0.000000	54.01
54.02	05402	BREAST CENTER	0	0	0	0.000000	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	ULTRASOUND	0	0	0	0.000000	56.01
57.00	05700	CT SCAN	5,677,476	40,813,417	46,490,893	0.057120	57.00
58.00	05800	MRI	2,414,674	8,707,687	11,122,361	0.127905	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,351,307	39,708,872	56,060,179	0.154692	59.00
60.00	06000	LABORATORY	21,620,553	32,686,441	54,306,994	0.236841	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,112,088	2,497,543	11,609,631	0.164793	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	632,603	654,409	1,287,012	1.457339	64.00
64.01	06401	HOME INFUSION	0	0	0	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	10,970,927	2,415,284	13,386,211	0.313401	65.00
66.00	06600	PHYSICAL THERAPY	2,711,982	2,036,445	4,748,427	0.561638	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,003,928	541,025	2,544,953	0.363633	67.00
68.00	06800	SPEECH PATHOLOGY	509,211	327,856	837,067	0.484569	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	75,582,987	40,600,127	116,183,114	0.255486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,884,123	2,980,301	22,864,424	0.206132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,703,412	42,012,541	89,715,953	0.138167	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03140	CARDIOLOGY	5,006,987	18,551,914	23,558,901	0.161327	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,094,638	1,585,008	3,679,646	0.336326	90.00
90.01	04951	SLEEP CLINIC	11,814	2,779,114	2,790,928	0.230247	90.01
91.00	09100	EMERGENCY	6,941,927	27,110,106	34,052,033	0.348304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	17,137,597	0.416961	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	405,634,952	372,342,506	777,977,458		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	405,634,952	372,342,506	777,977,458		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:02 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XVII I	Hospital PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE			31.01
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.244386		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.275110		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.000000		54.01
54.02	05402 BREAST CENTER	0.000000		54.02
54.03	05403 RADIATION ONCOLOGY	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.057120		57.00
58.00	05800 MRI	0.127905		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154855		59.00
60.00	06000 LABORATORY	0.236841		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	1.457339		64.00
64.01	06401 HOME INFUSION	0.000000		64.01
65.00	06500 RESPIRATORY THERAPY	0.313579		65.00
66.00	06600 PHYSICAL THERAPY	0.561638		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.363633		67.00
68.00	06800 SPEECH PATHOLOGY	0.484569		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.206132		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138167		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03140 RADIOLOGY	0.161602		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.336638		90.00
90.01	04951 SLEEP CLINIC	0.230247		90.01
91.00	09100 EMERGENCY	0.350212		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416961		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
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		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		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	50,853,123		50,853,123	18,151	50,871,274	30.00
31.00	03100	INTENSIVE CARE UNIT	7,933,989		7,933,989	2,783	7,936,772	31.00
31.01	03101	NEONATAL INTENSIVE CARE	1,815,370		1,815,370	0	1,815,370	31.01
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RP	2,678,233		2,678,233	0	2,678,233	41.00
43.00	04300	NURSERY	4,407,328		4,407,328	0	4,407,328	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,806,627		23,806,627	21,375	23,828,002	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,050,992		14,050,992	35,992	14,086,984	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0		0	0	0	54.01
54.02	05402	BREAST CENTER	0		0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0		0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.01	05601	ULTRASOUND	0		0	0	0	56.01
57.00	05700	CT SCAN	2,655,580		2,655,580	0	2,655,580	57.00
58.00	05800	MRI	1,422,601		1,422,601	0	1,422,601	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,672,046		8,672,046	9,176	8,681,222	59.00
60.00	06000	LABORATORY	12,862,101		12,862,101	0	12,862,101	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,913,191		1,913,191	0	1,913,191	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,875,613		1,875,613	0	1,875,613	64.00
64.01	06401	HOME INFUSION	0		0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	4,195,257	0	4,195,257	2,374	4,197,631	65.00
66.00	06600	PHYSICAL THERAPY	2,666,898	0	2,666,898	0	2,666,898	66.00
67.00	06700	OCCUPATIONAL THERAPY	925,428	0	925,428	0	925,428	67.00
68.00	06800	SPEECH PATHOLOGY	405,617	0	405,617	0	405,617	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 PATIENT	29,683,155		29,683,155	0	29,683,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,713,100		4,713,100	0	4,713,100	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,395,823		12,395,823	0	12,395,823	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03140	CARDIOLOGY	3,800,696		3,800,696	6,464	3,807,160	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,237,562		1,237,562	1,146	1,238,708	90.00
90.01	04951	SLEEP CLINIC	642,604		642,604	0	642,604	90.01
91.00	09100	EMERGENCY	11,860,445		11,860,445	64,995	11,925,440	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,145,710		7,145,710	0	7,145,710	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0		0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
200.00		Subtotal (see instructions)	214,619,089	0	214,619,089	162,456	214,781,545	200.00
201.00		Less Observation Beds	7,145,710		7,145,710	0	7,145,710	201.00
202.00		Total (see instructions)	207,473,379	0	207,473,379	162,456	207,635,835	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150018

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2015 1:02 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			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	87,751,873		87,751,873		30.00
31.00	03100	INTENSIVE CARE UNIT	18,305,031		18,305,031		31.00
31.01	03101	NEONATAL INTENSIVE CARE	2,646,060		2,646,060		31.01
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	3,730,512		3,730,512		41.00
43.00	04300	NURSERY	4,461,092		4,461,092		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	50,107,999	47,393,647	97,501,646	0.244166	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,401,748	41,803,172	51,204,920	0.274407	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0.000000	54.01
54.02	05402	BREAST CENTER	0	0	0	0.000000	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0.000000	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.01	05601	ULTRASOUND	0	0	0	0.000000	56.01
57.00	05700	CT SCAN	5,677,476	40,813,417	46,490,893	0.057120	57.00
58.00	05800	MRI	2,414,674	8,707,687	11,122,361	0.127905	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,351,307	39,708,872	56,060,179	0.154692	59.00
60.00	06000	LABORATORY	21,620,553	32,686,441	54,306,994	0.236841	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	9,112,088	2,497,543	11,609,631	0.164793	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	632,603	654,409	1,287,012	1.457339	64.00
64.01	06401	HOME INFUSION	0	0	0	0.000000	64.01
65.00	06500	RESPIRATORY THERAPY	10,970,927	2,415,284	13,386,211	0.313401	65.00
66.00	06600	PHYSICAL THERAPY	2,711,982	2,036,445	4,748,427	0.561638	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,003,928	541,025	2,544,953	0.363633	67.00
68.00	06800	SPEECH PATHOLOGY	509,211	327,856	837,067	0.484569	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	75,582,987	40,600,127	116,183,114	0.255486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	19,884,123	2,980,301	22,864,424	0.206132	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,703,412	42,012,541	89,715,953	0.138167	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03140	CARDIOLOGY	5,006,987	18,551,914	23,558,901	0.161327	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,094,638	1,585,008	3,679,646	0.336326	90.00
90.01	04951	SLEEP CLINIC	11,814	2,779,114	2,790,928	0.230247	90.01
91.00	09100	EMERGENCY	6,941,927	27,110,106	34,052,033	0.348304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	17,137,597	0.416961	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	405,634,952	372,342,506	777,977,458		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	405,634,952	372,342,506	777,977,458		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/28/2015 1:02 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	03101 NEONATAL INTENSIVE CARE			31.01
40.00	04000 SUBPROVIDER - I/PF			40.00
41.00	04100 SUBPROVIDER - I/RF			41.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.244386		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.275110		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0.000000		54.01
54.02	05402 BREAST CENTER	0.000000		54.02
54.03	05403 RADIATION ONCOLOGY	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRASOUND	0.000000		56.01
57.00	05700 CT SCAN	0.057120		57.00
58.00	05800 MRI	0.127905		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.154855		59.00
60.00	06000 LABORATORY	0.236841		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	1.457339		64.00
64.01	06401 HOME INFUSION	0.000000		64.01
65.00	06500 RESPIRATORY THERAPY	0.313579		65.00
66.00	06600 PHYSICAL THERAPY	0.561638		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.363633		67.00
68.00	06800 SPEECH PATHOLOGY	0.484569		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.206132		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.138167		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03140 RADIOLOGY	0.161602		76.00
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.336638		90.00
90.01	04951 SLEEP CLINIC	0.230247		90.01
91.00	09100 EMERGENCY	0.350212		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416961		92.00
	OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)			115.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150018

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

Worksheet C Part II Date/Time Prepared: 5/28/2015 1:02 pm

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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,806,627	2,516,312	21,290,315	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,050,992	1,532,019	12,518,973	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	2,655,580	288,716	2,366,864	0	0	57.00
58.00	05800	MRI	1,422,601	148,059	1,274,542	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,672,046	343,156	8,328,890	0	0	59.00
60.00	06000	LABORATORY	12,862,101	276,581	12,585,520	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	1,913,191	12,208	1,900,983	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,875,613	94,002	1,781,611	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	4,195,257	102,359	4,092,898	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,666,898	205,306	2,461,592	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	925,428	94,117	831,311	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	405,617	55,630	349,987	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 PATIENT	29,683,155	142,163	29,540,992	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,713,100	22,573	4,690,527	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,395,823	59,368	12,336,455	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	3,800,696	319,516	3,481,180	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,237,562	205,651	1,031,911	0	0	90.00
90.01	04951	SLEEP CLINIC	642,604	5,021	637,583	0	0	90.01
91.00	09100	EMERGENCY	11,860,445	688,775	11,171,670	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	7,145,710	812,582	6,333,128	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	146,931,046	7,924,114	139,006,932	0	0	200.00
201.00		Less Observation Beds	7,145,710	812,582	6,333,128	0	0	201.00
202.00		Total (line 200 minus line 201)	139,785,336	7,111,532	132,673,804	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part II Date/Time Prepared: 5/28/2015 1:02 pm
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part 1, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	23,806,627	97,501,646	0.244166		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	14,050,992	51,204,920	0.274407		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0.000000		54.01
54.02	05402 BREAST CENTER	0	0	0.000000		54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0.000000		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
56.01	05601 ULTRASOUND	0	0	0.000000		56.01
57.00	05700 CT SCAN	2,655,580	46,490,893	0.057120		57.00
58.00	05800 MRI	1,422,601	11,122,361	0.127905		58.00
59.00	05900 CARDIAC CATHETERIZATION	8,672,046	56,060,179	0.154692		59.00
60.00	06000 LABORATORY	12,862,101	54,306,994	0.236841		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	1,913,191	11,609,631	0.164793		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	1,875,613	1,287,012	1.457339		64.00
64.01	06401 HOME INFUSION	0	0	0.000000		64.01
65.00	06500 RESPIRATORY THERAPY	4,195,257	13,386,211	0.313401		65.00
66.00	06600 PHYSICAL THERAPY	2,666,898	4,748,427	0.561638		66.00
67.00	06700 OCCUPATIONAL THERAPY	925,428	2,544,953	0.363633		67.00
68.00	06800 SPEECH PATHOLOGY	405,617	837,067	0.484569		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	29,683,155	116,183,114	0.255486		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,713,100	22,864,424	0.206132		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,395,823	89,715,953	0.138167		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
76.00	03140 RADIOLOGY	3,800,696	23,558,901	0.161327		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,237,562	3,679,646	0.336326		90.00
90.01	04951 SLEEP CLINIC	642,604	2,790,928	0.230247		90.01
91.00	09100 EMERGENCY	11,860,445	34,052,033	0.348304		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	7,145,710	17,137,597	0.416961		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	146,931,046	661,082,890			200.00
201.00	Less Observation Beds	7,145,710	0			201.00
202.00	Total (line 200 minus line 201)	139,785,336	661,082,890			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 1:02 pm
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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	5,784,879	0	5,784,879	47,029	123.01	30.00
31.00	INTENSIVE CARE UNIT	548,202		548,202	4,894	112.02	31.00
31.01	NEONATAL INTENSIVE CARE	104,625		104,625	867	120.67	31.01
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	397,937	0	397,937	2,449	162.49	41.00
43.00	NURSERY	555,767		555,767	3,040	182.82	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	7,391,410		7,391,410	58,279		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	18,400	2,263,384				30.00
31.00	INTENSIVE CARE UNIT	2,107	236,026				31.00
31.01	NEONATAL INTENSIVE CARE	0	0				31.01
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	1,006	163,465				41.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (Lines 30-199)	21,513	2,662,875				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part II Date/Time Prepared: 5/28/2015 1:02 pm
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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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,516,312	97,501,646	0.025808	21,359,631	551,249	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,532,019	51,204,920	0.029919	5,022,709	150,274	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0.000000	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0.000000	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0.000000	0	0	56.01
57.00	05700 CT SCAN	288,716	46,490,893	0.006210	5,591,757	34,725	57.00
58.00	05800 MRI	148,059	11,122,361	0.013312	1,198,810	15,959	58.00
59.00	05900 CARDIAC CATHETERIZATION	343,156	56,060,179	0.006121	4,016,499	24,585	59.00
60.00	06000 LABORATORY	276,581	54,306,994	0.005093	12,721,430	64,790	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,208	11,609,631	0.001052	4,345,110	4,571	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	94,002	1,287,012	0.073039	335,055	24,472	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	102,359	13,386,211	0.007647	5,661,332	43,292	65.00
66.00	06600 PHYSICAL THERAPY	205,306	4,748,427	0.043237	1,079,402	46,670	66.00
67.00	06700 OCCUPATIONAL THERAPY	94,117	2,544,953	0.036982	684,103	25,299	67.00
68.00	06800 SPEECH PATHOLOGY	55,630	837,067	0.066458	184,233	12,244	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	142,163	116,183,114	0.001224	36,394,748	44,547	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,573	22,864,424	0.000987	8,972,172	8,856	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,368	89,715,953	0.000662	21,239,737	14,061	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03140 RADIOLOGY	319,516	23,558,901	0.013562	2,921,337	39,619	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	205,651	3,679,646	0.055889	992,030	55,444	90.00
90.01	04951 SLEEP CLINIC	5,021	2,790,928	0.001799	8,575	15	90.01
91.00	09100 EMERGENCY	688,775	34,052,033	0.020227	4,572,655	92,491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	812,582	17,137,597	0.047415	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	7,924,114	661,082,890		137,301,325	1,253,163	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150018

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

Worksheet D
Part III
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			Title XVIII				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	47,029	0.00	18,400	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,894	0.00	2,107	0		31.00
31.01	03101	NEONATAL INTENSIVE CARE	867	0.00	0	0		31.01
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,449	0.00	1,006	0		41.00
43.00	04300	NURSERY	3,040	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	58,279		21,513	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm
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Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	0	64.01
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 PATIENT	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	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04951	SLEEP CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	437,123	0	437,123	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	437,123	0	437,123	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 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	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	97,501,646	0.000000	0.000000	21,359,631	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	51,204,920	0.000000	0.000000	5,022,709	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0.000000	0.000000	0	54.01
54.02	05402 BREAST CENTER	0	0	0.000000	0.000000	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601 ULTRASOUND	0	0	0.000000	0.000000	0	56.01
57.00	05700 CT SCAN	0	46,490,893	0.000000	0.000000	5,591,757	57.00
58.00	05800 MRI	0	11,122,361	0.000000	0.000000	1,198,810	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	56,060,179	0.000000	0.000000	4,016,499	59.00
60.00	06000 LABORATORY	0	54,306,994	0.000000	0.000000	12,721,430	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,609,631	0.000000	0.000000	4,345,110	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,287,012	0.000000	0.000000	335,055	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500 RESPIRATORY THERAPY	0	13,386,211	0.000000	0.000000	5,661,332	65.00
66.00	06600 PHYSICAL THERAPY	0	4,748,427	0.000000	0.000000	1,079,402	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,544,953	0.000000	0.000000	684,103	67.00
68.00	06800 SPEECH PATHOLOGY	0	837,067	0.000000	0.000000	184,233	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	116,183,114	0.000000	0.000000	36,394,748	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	22,864,424	0.000000	0.000000	8,972,172	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	89,715,953	0.000000	0.000000	21,239,737	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03140 RADIOLOGY	0	23,558,901	0.000000	0.000000	2,921,337	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	3,679,646	0.000000	0.000000	992,030	90.00
90.01	04951 SLEEP CLINIC	0	2,790,928	0.000000	0.000000	8,575	90.01
91.00	09100 EMERGENCY	437,123	34,052,033	0.012837	0.012837	4,572,655	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	437,123	661,082,890			137,301,325	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm
	Title XVIII		Hospital PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	13,039,234	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	11,405,102	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	56.01
57.00 05700 CT SCAN	0	7,732,170	0	57.00
58.00 05800 MRI	0	2,020,844	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,492,424	0	59.00
60.00 06000 LABORATORY	0	6,442,281	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	940,541	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	670,394	0	64.00
64.01 06401 HOME INFUSION	0	0	0	64.01
65.00 06500 RESPIRATORY THERAPY	0	455,752	0	65.00
66.00 06600 PHYSICAL THERAPY	0	629,085	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	158,608	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	96,704	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 PATIENT	0	19,603,028	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,342,612	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	5,349,981	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03140 RADIOLOGY	0	7,860,767	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	652,564	0	90.00
90.01 04951 SLEEP CLINIC	0	992,322	0	90.01
91.00 09100 EMERGENCY	58,699	4,823,625	61,921	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	4,312,338	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	58,699	95,020,376	61,921	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.244166	13,039,234	679	0	3,183,738
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.274407	11,405,102	594	0	3,129,640
54.01 05401 INTERVENTIONAL RADIOLOGY	0.000000	0	0	0	0
54.02 05402 BREAST CENTER	0.000000	0	0	0	0
54.03 05403 RADIOLOGY ONCOLOGY	0.000000	0	0	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
56.01 05601 ULTRASOUND	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.057120	7,732,170	403	0	441,662
58.00 05800 MRI	0.127905	2,020,844	105	0	258,476
59.00 05900 CARDIAC CATHETERIZATION	0.154692	6,492,424	338	0	1,004,326
60.00 06000 LABORATORY	0.236841	6,442,281	336	0	1,525,796
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793	940,541	49	0	154,995
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	1.457339	670,394	35	0	976,991
64.01 06401 HOME INFUSION	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.313401	455,752	24	0	142,833
66.00 06600 PHYSICAL THERAPY	0.561638	629,085	33	0	353,318
67.00 06700 OCCUPATIONAL THERAPY	0.363633	158,608	8	0	57,675
68.00 06800 SPEECH PATHOLOGY	0.484569	96,704	5	0	46,860
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486	19,603,028	1,021	0	5,008,299
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.206132	1,342,612	70	0	276,755
73.00 07300 DRUGS CHARGED TO PATIENTS	0.138167	5,349,981	278	0	739,191
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03140 RADIOLOGY	0.161327	7,860,767	409	0	1,268,154
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.336326	652,564	34	0	219,474
90.01 04951 SLEEP CLINIC	0.230247	992,322	52	0	228,479
91.00 09100 EMERGENCY	0.348304	4,823,625	251	0	1,680,088
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.416961	4,312,338	227	0	1,798,077
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 09851 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	95,020,376	4,951	0	22,494,827
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	95,020,376	4,951	0	22,494,827

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	166	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	163	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	54.01
54.02	05402 BREAST CENTER	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRASOUND	0	0	56.01
57.00	05700 CT SCAN	23	0	57.00
58.00	05800 MRI	13	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	52	0	59.00
60.00	06000 LABORATORY	80	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	8	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	51	0	64.00
64.01	06401 HOME INFUSION	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	8	0	65.00
66.00	06600 PHYSICAL THERAPY	19	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	3	0	67.00
68.00	06800 SPEECH PATHOLOGY	2	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 PATIENT	261	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	14	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03140 RADIOLOGY	66	0	76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	11	0	90.00
90.01	04951 SLEEP CLINIC	12	0	90.01
91.00	09100 EMERGENCY	87	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	95	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	1,172	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	1,172	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 1:02 pm		
		Title XVIIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,516,312	97,501,646	0.025808	8,692	224	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,532,019	51,204,920	0.029919	25,679	768	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0.000000	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0.000000	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0.000000	0	0	56.01
57.00	05700	CT SCAN	288,716	46,490,893	0.006210	35,889	223	57.00
58.00	05800	MRI	148,059	11,122,361	0.013312	15,632	208	58.00
59.00	05900	CARDIAC CATHETERIZATION	343,156	56,060,179	0.006121	5,109	31	59.00
60.00	06000	LABORATORY	276,581	54,306,994	0.005093	126,425	644	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,208	11,609,631	0.001052	11,755	12	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	94,002	1,287,012	0.073039	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	102,359	13,386,211	0.007647	59,254	453	65.00
66.00	06600	PHYSICAL THERAPY	205,306	4,748,427	0.043237	319,049	13,795	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,117	2,544,953	0.036982	330,341	12,217	67.00
68.00	06800	SPEECH PATHOLOGY	55,630	837,067	0.066458	70,348	4,675	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	142,163	116,183,114	0.001224	67,672	83	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,573	22,864,424	0.000987	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,368	89,715,953	0.000662	205,829	136	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03140	CARDIOLOGY	319,516	23,558,901	0.013562	8,058	109	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	205,651	3,679,646	0.055889	38,524	2,153	90.00
90.01	04951	SLEEP CLINIC	5,021	2,790,928	0.001799	0	0	90.01
91.00	09100	EMERGENCY	688,775	34,052,033	0.020227	2,140	43	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	7,111,532	661,082,890		1,330,396	35,774	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
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 PATIENT	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04951 SLEEP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	437,123	0	437,123	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	437,123	0	437,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,501,646	0.000000	0.000000	8,692	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,204,920	0.000000	0.000000	25,679	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0.000000	0.000000	0	54.01
54.02	05402	BREAST CENTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRASOUND	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	46,490,893	0.000000	0.000000	35,889	57.00
58.00	05800	MRI	0	11,122,361	0.000000	0.000000	15,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,060,179	0.000000	0.000000	5,109	59.00
60.00	06000	LABORATORY	0	54,306,994	0.000000	0.000000	126,425	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,609,631	0.000000	0.000000	11,755	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,287,012	0.000000	0.000000	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,386,211	0.000000	0.000000	59,254	65.00
66.00	06600	PHYSICAL THERAPY	0	4,748,427	0.000000	0.000000	319,049	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,544,953	0.000000	0.000000	330,341	67.00
68.00	06800	SPEECH PATHOLOGY	0	837,067	0.000000	0.000000	70,348	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	116,183,114	0.000000	0.000000	67,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,864,424	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,715,953	0.000000	0.000000	205,829	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03140	CARDIOLOGY	0	23,558,901	0.000000	0.000000	8,058	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,679,646	0.000000	0.000000	38,524	90.00
90.01	04951	SLEEP CLINIC	0	2,790,928	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	437,123	34,052,033	0.012837	0.012837	2,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	437,123	661,082,890			1,330,396	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	64.01
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 PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03140 RADIOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04951 SLEEP CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	27	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	27	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part I Date/Time Prepared: 5/28/2015 1:02 pm
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Cost Center Description		Title XIX			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	5,784,879	0	5,784,879	47,029	123.01	30.00	
31.00	INTENSIVE CARE UNIT	548,202		548,202	4,894	112.02	31.00	
31.01	NEONATAL INTENSIVE CARE	104,625		104,625	867	120.67	31.01	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	397,937	0	397,937	2,449	162.49	41.00	
43.00	NURSERY	555,767		555,767	3,040	182.82	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (lines 30-199)	7,391,410		7,391,410	58,279		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	3,955	486,505					30.00
31.00	INTENSIVE CARE UNIT	0	0					31.00
31.01	NEONATAL INTENSIVE CARE	0	0					31.01
40.00	SUBPROVIDER - IPF	0	0					40.00
41.00	SUBPROVIDER - IRF	125	20,311					41.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (lines 30-199)	4,080	506,816					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150018

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

Worksheet D
Part II
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,516,312	97,501,646	0.025808	6,535,519	168,669	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,532,019	51,204,920	0.029919	1,609,748	48,162	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0.000000	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0.000000	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0.000000	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0.000000	0	0	56.01
57.00	05700 CT SCAN	288,716	46,490,893	0.006210	46,085	286	57.00
58.00	05800 MRI	148,059	11,122,361	0.013312	311,007	4,140	58.00
59.00	05900 CARDIAC CATHETERIZATION	343,156	56,060,179	0.006121	1,049,143	6,422	59.00
60.00	06000 LABORATORY	276,581	54,306,994	0.005093	3,534,530	18,001	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	12,208	11,609,631	0.001052	900,137	947	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	94,002	1,287,012	0.073039	257,772	18,827	64.00
64.01	06401 HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500 RESPIRATORY THERAPY	102,359	13,386,211	0.007647	1,333,158	10,195	65.00
66.00	06600 PHYSICAL THERAPY	205,306	4,748,427	0.043237	189,123	8,177	66.00
67.00	06700 OCCUPATIONAL THERAPY	94,117	2,544,953	0.036982	153,344	5,671	67.00
68.00	06800 SPEECH PATHOLOGY	55,630	837,067	0.066458	42,255	2,808	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	142,163	116,183,114	0.001224	255,584	313	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	22,573	22,864,424	0.000987	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	59,368	89,715,953	0.000662	6,013,820	3,981	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03140 RADIOLOGY	319,516	23,558,901	0.013562	441,420	5,987	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	205,651	3,679,646	0.055889	236,067	13,194	90.00
90.01	04951 SLEEP CLINIC	5,021	2,790,928	0.001799	0	0	90.01
91.00	09100 EMERGENCY	688,775	34,052,033	0.020227	1,363,689	27,583	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	812,582	17,137,597	0.047415	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	7,924,114	661,082,890		24,272,401	343,363	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part III Date/Time Prepared: 5/28/2015 1:02 pm
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Cost Center Description			Title XIX		Hospital		PPS
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)
			1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
			6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	47,029	0.00	3,955	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,894	0.00	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE	867	0.00	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,449	0.00	125	0	41.00
43.00	04300	NURSERY	3,040	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	58,279		4,080	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 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		
ANCILLARY SERVICE COST CENTERS									
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
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	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
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	0	0	64.01
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 PATIENT	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	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04951	SLEEP CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	437,123	0	437,123	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	437,123	0	437,123	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150018

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2015 1:02 pm

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)	Title XIX		Inpatient Program Charges	
					Hospital	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,501,646	0.000000	0.000000	6,535,519	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,204,920	0.000000	0.000000	1,609,748	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0.000000	0.000000	0	54.01
54.02	05402	BREAST CENTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRASOUND	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	46,490,893	0.000000	0.000000	46,085	57.00
58.00	05800	MRI	0	11,122,361	0.000000	0.000000	311,007	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,060,179	0.000000	0.000000	1,049,143	59.00
60.00	06000	LABORATORY	0	54,306,994	0.000000	0.000000	3,534,530	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,609,631	0.000000	0.000000	900,137	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,287,012	0.000000	0.000000	257,772	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,386,211	0.000000	0.000000	1,333,158	65.00
66.00	06600	PHYSICAL THERAPY	0	4,748,427	0.000000	0.000000	189,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,544,953	0.000000	0.000000	153,344	67.00
68.00	06800	SPEECH PATHOLOGY	0	837,067	0.000000	0.000000	42,255	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	116,183,114	0.000000	0.000000	255,584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,864,424	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,715,953	0.000000	0.000000	6,013,820	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03140	CARDIOLOGY	0	23,558,901	0.000000	0.000000	441,420	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,679,646	0.000000	0.000000	236,067	90.00
90.01	04951	SLEEP CLINIC	0	2,790,928	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	437,123	34,052,033	0.012837	0.012837	1,363,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	437,123	661,082,890			24,272,401	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 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
Title XIX						
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0		54.01
54.02	05402 BREAST CENTER	0	0	0		54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0		54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
56.01	05601 ULTRASOUND	0	0	0		56.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
64.01	06401 HOME INFUSION	0	0	0		64.01
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 PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03140 RADIOLOGY	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	04951 SLEEP CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	17,506	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	17,506	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/28/2015 1:02 pm		
		Title XIX		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,516,312	97,501,646	0.025808	429	11	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,532,019	51,204,920	0.029919	3,921	117	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0.000000	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0.000000	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0.000000	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0.000000	0	0	56.01
57.00	05700	CT SCAN	288,716	46,490,893	0.006210	933	6	57.00
58.00	05800	MRI	148,059	11,122,361	0.013312	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	343,156	56,060,179	0.006121	0	0	59.00
60.00	06000	LABORATORY	276,581	54,306,994	0.005093	23,810	121	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	12,208	11,609,631	0.001052	5,204	5	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	94,002	1,287,012	0.073039	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0	0	64.01
65.00	06500	RESPIRATORY THERAPY	102,359	13,386,211	0.007647	24,940	191	65.00
66.00	06600	PHYSICAL THERAPY	205,306	4,748,427	0.043237	94,685	4,094	66.00
67.00	06700	OCCUPATIONAL THERAPY	94,117	2,544,953	0.036982	90,956	3,364	67.00
68.00	06800	SPEECH PATHOLOGY	55,630	837,067	0.066458	25,953	1,725	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	142,163	116,183,114	0.001224	4,129	5	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	22,573	22,864,424	0.000987	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	59,368	89,715,953	0.000662	51,959	34	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03140	CARDIOLOGY	319,516	23,558,901	0.013562	326	4	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	205,651	3,679,646	0.055889	7,150	400	90.00
90.01	04951	SLEEP CLINIC	5,021	2,790,928	0.001799	0	0	90.01
91.00	09100	EMERGENCY	688,775	34,052,033	0.020227	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	7,111,532	661,082,890		334,395	10,077	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm
	Title XIX	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	0	0	64.01
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 PATIENT	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03140 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04951 SLEEP CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	437,123	0	437,123	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	437,123	0	437,123	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm		
				Title XIX		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	97,501,646	0.000000	0.000000	429	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,204,920	0.000000	0.000000	3,921	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0.000000	0.000000	0	54.01
54.02	05402	BREAST CENTER	0	0	0.000000	0.000000	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0.000000	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	05601	ULTRASOUND	0	0	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	46,490,893	0.000000	0.000000	933	57.00
58.00	05800	MRI	0	11,122,361	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	56,060,179	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	54,306,994	0.000000	0.000000	23,810	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	11,609,631	0.000000	0.000000	5,204	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,287,012	0.000000	0.000000	0	64.00
64.01	06401	HOME INFUSION	0	0	0.000000	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0	13,386,211	0.000000	0.000000	24,940	65.00
66.00	06600	PHYSICAL THERAPY	0	4,748,427	0.000000	0.000000	94,685	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,544,953	0.000000	0.000000	90,956	67.00
68.00	06800	SPEECH PATHOLOGY	0	837,067	0.000000	0.000000	25,953	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	116,183,114	0.000000	0.000000	4,129	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	22,864,424	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,715,953	0.000000	0.000000	51,959	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03140	CARDIOLOGY	0	23,558,901	0.000000	0.000000	326	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	3,679,646	0.000000	0.000000	7,150	90.00
90.01	04951	SLEEP CLINIC	0	2,790,928	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	437,123	34,052,033	0.012837	0.012837	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,137,597	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	437,123	661,082,890			334,395	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/28/2015 1:02 pm
Title XIX		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 INTERVENTIONAL RADIOLOGY	0	0	0	54.01
54.02	05402 BREAST CENTER	0	0	0	54.02
54.03	05403 RADIATION ONCOLOGY	0	0	0	54.03
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
64.01	06401 HOME INFUSION	0	0	0	64.01
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 PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03140 RADIOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	04951 SLEEP CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09851 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2015 1:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,029	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,029	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.		18,182	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		22,241	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)		18,400	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,871,274	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)		50,871,274	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		112,462,109	28.00
29.00	Private room charges (excluding swing-bed charges)		52,862,207	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		59,599,902	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.452341	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,907.39	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,679.73	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		227.66	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		102.98	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		1,872,382	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		48,998,892	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,081.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		19,903,280	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)		19,903,280	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2015 1:02 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	7,936,772	4,894	1,621.74	2,107	3,417,006		43.00
43.01 NEONATAL INTENSIVE CARE	1,815,370	867	2,093.85	0	0		43.01
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,125,189		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					54,445,475		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)					2,499,410		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,311,862		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					3,811,272		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					50,634,203		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)					6,606		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,081.70		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					7,145,710		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:02 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	5,784,879	50,871,274	0.113716	7,145,710	812,582	90.00
91.00	Nursing School cost	0	50,871,274	0.000000	7,145,710	0	91.00
92.00	Allied health cost	0	50,871,274	0.000000	7,145,710	0	92.00
93.00	All other Medical Education	0	50,871,274	0.000000	7,145,710	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15T018		Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,449	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,449	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.		82	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,367	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,006	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,678,233	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,678,233	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		4,304,684	28.00
29.00	Private room charges (excluding swing-bed charges)		164,863	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,139,821	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.622167	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		2,010.52	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,748.97	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		261.55	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		162.73	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		13,344	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,664,889	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,093.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,100,162	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,100,162	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T018				Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total	Total	Average Per	Program Days	Program Cost (col. 3 x col. 4)		
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)				
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				458,639		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,558,801		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)				163,465		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				35,801		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				199,266		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				1,359,535		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	397,937	2,678,233	0.148582	0	0	90.00
91.00	Nursing School cost	0	2,678,233	0.000000	0	0	91.00
92.00	Allied health cost	0	2,678,233	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,678,233	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/28/2015 1:02 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		47,029	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		47,029	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)		40,423	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)		3,955	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)		3,040	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,871,274	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)		50,871,274	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,871,274	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,081.70	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,278,124	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,278,124	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	4,407,328	3,040	1,449.78	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,936,772	4,894	1,621.74	0	0	43.00
43.01	NEONATAL INTENSIVE CARE	1,815,370	867	2,093.85	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,731,139	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,009,263	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)					486,505	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					360,869	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					847,374	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,161,889	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)					6,606	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,081.70	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					7,145,710	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:02 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)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,784,879	50,871,274	0.113716	7,145,710	812,582	90.00
91.00	Nursing School cost	0	50,871,274	0.000000	7,145,710	0	91.00
92.00	Allied health cost	0	50,871,274	0.000000	7,145,710	0	92.00
93.00	All other Medical Education	0	50,871,274	0.000000	7,145,710	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/28/2015 1:02 pm
		Title XIX	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,449	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,449	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)		2,449	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)		125	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)		3,040	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,678,233	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,678,233	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,678,233	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,093.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		136,700	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)		136,700	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15T018				Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					125,079	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					261,779	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)					20,311	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,077	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					30,388	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					231,391	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150018 Component CCN: 15T018		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XIX		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	397,937	2,678,233	0.148582	0	0	90.00
91.00	Nursing School cost	0	2,678,233	0.000000	0	0	91.00
92.00	Allied health cost	0	2,678,233	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,678,233	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		39,419,459	30.00
31.00	03100	INTENSIVE CARE UNIT		7,855,216	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244386	21,359,631	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275110	5,022,709	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.000000	0	54.01
54.02	05402	BREAST CENTER	0.000000	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRASOUND	0.000000	0	56.01
57.00	05700	CT SCAN	0.057120	5,591,757	57.00
58.00	05800	MRI	0.127905	1,198,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154855	4,016,499	59.00
60.00	06000	LABORATORY	0.236841	12,721,430	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793	4,345,110	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1.457339	335,055	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.313579	5,661,332	65.00
66.00	06600	PHYSICAL THERAPY	0.561638	1,079,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363633	684,103	67.00
68.00	06800	SPEECH PATHOLOGY	0.484569	184,233	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486	36,394,748	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.206132	8,972,172	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138167	21,239,737	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03140	CARDIOLOGY	0.161602	2,921,337	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.336638	992,030	90.00
90.01	04951	SLEEP CLINIC	0.230247	8,575	90.01
91.00	09100	EMERGENCY	0.350212	4,572,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.416961	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		137,301,325	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)		137,301,325	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XVIIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		1,531,207	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244386	8,692	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275110	25,679	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.000000	0	54.01
54.02	05402	BREAST CENTER	0.000000	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRASOUND	0.000000	0	56.01
57.00	05700	CT SCAN	0.057120	35,889	57.00
58.00	05800	MRI	0.127905	15,632	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154855	5,109	59.00
60.00	06000	LABORATORY	0.236841	126,425	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793	11,755	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1.457339	0	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.313579	59,254	65.00
66.00	06600	PHYSICAL THERAPY	0.561638	319,049	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363633	330,341	67.00
68.00	06800	SPEECH PATHOLOGY	0.484569	70,348	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486	67,672	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.206132	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138167	205,829	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03140	CARDIOLOGY	0.161602	8,058	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.336638	38,524	90.00
90.01	04951	SLEEP CLINIC	0.230247	0	90.01
91.00	09100	EMERGENCY	0.350212	2,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.416961	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,330,396	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,330,396	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/28/2015 1:02 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		15,933,753	30.00
31.00	03100	INTENSIVE CARE UNIT		2,099,739	31.00
31.01	03101	NEONATAL INTENSIVE CARE		1,653,927	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
43.00	04300	NURSERY		2,741,638	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244386	6,535,519	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275110	1,609,748	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.000000	0	54.01
54.02	05402	BREAST CENTER	0.000000	0	54.02
54.03	05403	RADIATION ONCOLOGY	0.000000	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.01	05601	ULTRASOUND	0.000000	0	56.01
57.00	05700	CT SCAN	0.057120	46,085	57.00
58.00	05800	MRI	0.127905	311,007	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154855	1,049,143	59.00
60.00	06000	LABORATORY	0.236841	3,534,530	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793	900,137	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1.457339	257,772	64.00
64.01	06401	HOME INFUSION	0.000000	0	64.01
65.00	06500	RESPIRATORY THERAPY	0.313579	1,333,158	65.00
66.00	06600	PHYSICAL THERAPY	0.561638	189,123	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363633	153,344	67.00
68.00	06800	SPEECH PATHOLOGY	0.484569	42,255	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486	255,584	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.206132	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138167	6,013,820	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03140	CARDIOLOGY	0.161602	441,420	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.336638	236,067	90.00
90.01	04951	SLEEP CLINIC	0.230247	0	90.01
91.00	09100	EMERGENCY	0.350212	1,363,689	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.416961	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		24,272,401	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)		24,272,401	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15T018		Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XIX	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	03101	NEONATAL INTENSIVE CARE		0	31.01
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		443,858	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.244386	429	105 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.275110	3,921	1,079 54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0.000000	0	0 54.01
54.02	05402	BREAST CENTER	0.000000	0	0 54.02
54.03	05403	RADIATION ONCOLOGY	0.000000	0	0 54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.01	05601	ULTRASOUND	0.000000	0	0 56.01
57.00	05700	CT SCAN	0.057120	933	53 57.00
58.00	05800	MRI	0.127905	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.154855	0	0 59.00
60.00	06000	LABORATORY	0.236841	23,810	5,639 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0.164793	5,204	858 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	1.457339	0	0 64.00
64.01	06401	HOME INFUSION	0.000000	0	0 64.01
65.00	06500	RESPIRATORY THERAPY	0.313579	24,940	7,821 65.00
66.00	06600	PHYSICAL THERAPY	0.561638	94,685	53,179 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.363633	90,956	33,075 67.00
68.00	06800	SPEECH PATHOLOGY	0.484569	25,953	12,576 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.255486	4,129	1,055 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.206132	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.138167	51,959	7,179 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03140	CARDIOLOGY	0.161602	326	53 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.336638	7,150	2,407 90.00
90.01	04951	SLEEP CLINIC	0.230247	0	0 90.01
91.00	09100	EMERGENCY	0.350212	0	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.416961	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES		0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		334,395	125,079 200.00
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)		334,395	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		27,758,512	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		10,064,316	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)		3,031,609	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		12,174,826	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		223.42	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv), 64 FR 26340 (May 12, 1998), and 67 FR 50069 (August 1, 2002).		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
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)		0	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.16	30.00
31.00	Percentage of Medicaid patient days (see instructions)		18.88	31.00
32.00	Sum of lines 30 and 31		23.04	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.22	33.00
34.00	Disproportionate share adjustment (see instructions)		777,260	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000309445	0.000288422	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,799,357	2,205,751	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		2,093,765	555,971	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,649,736		36.00
Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		44,281,433		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)		44,281,433		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		3,449,995		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).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		251,916		53.00
54.00	Special add-on payments for new technologies		8,172		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)		58,699		58.00
59.00	Total (sum of amounts on lines 49 through 58)		48,050,215		59.00
60.00	Primary payer payments		20,878		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		48,029,337		61.00
62.00	Deductibles billed to program beneficiaries		3,915,168		62.00
63.00	Coinurance billed to program beneficiaries		128,288		63.00
64.00	Allowable bad debts (see instructions)		79,450		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		51,643		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		79,450		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		44,037,524		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)		-34,242		70.93
70.94	HRR adjustment amount (see instructions)		-77,360		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/28/2015 1:02 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)		43,925,922		71.00
71.01	Sequestration adjustment (see instructions)		878,518		71.01
72.00	Interim payments		43,167,145		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)		-119,741		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)		6,733,484		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: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,172	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,432,906	2.00
3.00	PPS payments		19,626,243	3.00
4.00	Outlier payment (see instructions)		644,266	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		61,921	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,172	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,951	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)		4,951	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		4,951	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,779	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		1,172	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)		20,332,430	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,025,687	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)		16,307,915	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		0	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)		16,307,915	30.00
31.00	Primary payer payments		6,445	31.00
32.00	Subtotal (line 30 minus line 31)		16,301,470	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		518,484	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		337,015	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		518,484	36.00
37.00	Subtotal (see instructions)		16,638,485	37.00
38.00	MSP-LCC reconciliation amount from PS&R		350	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)		16,638,135	40.00
40.01	Sequestration adjustment (see instructions)		332,763	40.01
41.00	Interim payments		16,322,196	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-16,824	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 1:02 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		43,134,545		16,286,296	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/02/2014	32,600	07/02/2014	35,900	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)		32,600		35,900	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)		43,167,145		16,322,196	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		119,741		16,824	6.02
7.00	Total Medicare program liability (see instructions)		43,047,404		16,305,372	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150018
Component CCN: 15T018

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2015 1:02 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,303,090		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,303,090		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		34,704		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,337,794		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 150018

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2015 1:02 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			11,495 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			20,507 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			6,326 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			46,184 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			777,977,458 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			15,619,803 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)			2,412,629 8.00
9.00	Sequestration adjustment amount (see instructions)			48,253 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,364,376 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,886,112 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)			-521,736 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			1,223,437 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0255 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			62,762 3.00
4.00	Outlier Payments			90,072 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.709589 10.00
11.00	Teaching Adjustment Factor (see instructions)			0.000000 11.00
12.00	Teaching Adjustment (see instructions)			0 12.00
13.00	Total PPS Payment (see instructions)			1,376,271 13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)			0 14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			0 15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)			0 16.00
17.00	Subtotal (see instructions)			1,376,271 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			1,376,271 19.00
20.00	Deductibles			4,864 20.00
21.00	Subtotal (line 19 minus line 20)			1,371,407 21.00
22.00	Coinsurance			8,512 22.00
23.00	Subtotal (line 21 minus line 22)			1,362,895 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			3,345 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			2,174 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,075 26.00
27.00	Subtotal (sum of lines 23 and 25)			1,365,069 27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			27 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 31.50
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			1,365,096 32.00
32.01	Sequestration adjustment (see instructions)			27,302 32.01
33.00	Interim payments			1,303,090 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34			34,704 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			143,599 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Wkst. E-3, Pt. III, line 4			90,072 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2015 1:02 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		24,272,401	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		24,272,401	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		24,272,401	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		24,272,401	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		17,506	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		17,506	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		17,506	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		17,506	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		17,506	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		17,506	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		17,506	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		17,506	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150018 Component CCN: 15T018	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2015 1:02 pm
		Title XIX	Subprovider - IRF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		334,395	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		334,395	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		334,395	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		334,395	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of physicians' services in a teaching hospital (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, chapter 1, §115.2		0	43.00

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

Provider CCN: 150018

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

Worksheet G

Date/Time Prepared:
5/28/2015 1:02 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	45,988,000	0	0	0	1.00
2.00	Temporary investments	1,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	54,441,000	0	0	0	4.00
5.00	Other receivable	6,317,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,558,000	0	0	0	6.00
7.00	Inventory	7,392,000	0	0	0	7.00
8.00	Prepaid expenses	1,087,000	0	0	0	8.00
9.00	Other current assets	368,000	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)	103,036,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,593,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	173,773,000	0	0	0	15.00
16.00	Accumulated depreciation	-132,317,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	78,286,000	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	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)	123,335,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	6,610,000	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	43,760,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	43,760,000	6,610,000	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	270,131,000	6,610,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	29,191,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,516,000	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	3,837,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	35,544,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	128,121,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	128,121,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	163,665,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	106,466,000	0	0	0	52.00
53.00	Specific purpose fund	0	6,610,000	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)	106,466,000	6,610,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	270,131,000	6,610,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150018

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

Worksheet G-1

Date/Time Prepared:
5/28/2015 1:02 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		302,784,000		6,278,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		49,380,000				2.00
3.00	Total (sum of line 1 and line 2)		352,164,000		6,278,000		3.00
4.00	INVESTMENT INCOME	0		332,000		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		332,000		10.00
11.00	Subtotal (line 3 plus line 10)		352,164,000		6,610,000		11.00
12.00	TRANSFERRED TO BEACON HEALTH SYSTEM	224,915,000		0		0	12.00
13.00	POST RETIREMENT ADJ NON- PERIODIC	20,783,000		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		245,698,000		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		106,466,000		6,610,000		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	INVESTMENT INCOME		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	TRANSFERRED TO BEACON HEALTH SYSTEM		0				12.00
13.00	POST RETIREMENT ADJ NON- PERIODIC		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: 150018

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	100,006,000		100,006,000	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,801,000		3,801,000	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	103,807,000		103,807,000	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,464,000		21,464,000	11.00
11.01	NEONATAL INTENSIVE CARE	2,780,000		2,780,000	11.01
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	24,244,000		24,244,000	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	128,051,000		128,051,000	17.00
18.00	Ancillary services	281,894,000	382,112,000	664,006,000	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	409,945,000	382,112,000	792,057,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		249,282,883		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)		249,282,883		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150018

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

Worksheet G-3

Date/Time Prepared:
5/28/2015 1:02 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	792,057,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	515,882,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	276,175,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	249,282,883	4.00
5.00	Net income from service to patients (line 3 minus line 4)	26,892,117	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	8,966,000	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	92,000	10.00
11.00	Rebates and refunds of expenses	521,000	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	1,951,000	13.00
14.00	Revenue from meals sold to employees and guests	992,000	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	170,000	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	99,000	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	EMR, RENTALS, EDUCATION, OTHER INCOME	9,697,000	24.00
25.00	Total other income (sum of lines 6-24)	22,488,000	25.00
26.00	Total (line 5 plus line 25)	49,380,117	26.00
27.00	MISC	117	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	117	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	49,380,000	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150018

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

Worksheet I-5

Date/Time Prepared:
5/28/2015 1:02 pm

		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)			2.02
2.03	Total payment due (see instructions)			2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)			3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)			3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014	0	0	5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150018	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/28/2015 1:02 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,003,778	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		302,636	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)		129.01	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.16	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		18.88	8.00
9.00	Sum of lines 7 and 8		23.04	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.78	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		143,581	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,449,995	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

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

Worksheet L-1
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description	Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT
		CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP		
	0	1.00	2.00	2A	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT	0	0		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0	0	0	2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	0	0	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	0	0	9.00
10.00 01000	DIETARY	0	0	0	10.00
11.00 01100	CAFETERIA	0	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	14.00
15.00 01500	PHARMACY	0	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	0	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE	0	0	0	18.00
23.00 02300	PARAMEDICAL PRGM	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
31.01 03101	NEONATAL INTENSIVE CARE	0	0	0	31.01
40.00 04000	SUBPROVIDER - IPF	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	41.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401	INTERVENTIONAL RADIOLOGY	0	0	0	54.01
54.02 05402	BREAST CENTER	0	0	0	54.02
54.03 05403	RADIATION ONCOLOGY	0	0	0	54.03
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
56.01 05601	ULTRASOUND	0	0	0	56.01
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
64.01 06401	HOME INFUSION	0	0	0	64.01
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 PATIENT	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03140	CARDIOLOGY	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	0	0	90.00
90.01 04951	SLEEP CLINIC	0	0	0	90.01
91.00 09100	EMERGENCY	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500	AMBULANCE SERVICES	0	0	0	95.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

Period:
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To 12/31/2014

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Cost Center Description			Extraordinary Capital Related Costs	Capital Related Costs		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
				CAP REL COSTS-BLDG & FIXT	CAP REL COSTS-MVBLE EQUIP			
			0	1.00	2.00	2A	4.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	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	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	COMMUNITY	0	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis		612,587	612,587	0	76,789,162	203.00
204.00		Unit Cost Multiplier		0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

Period:
From 01/01/2014
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
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	0				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	0	0	0		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE	0	0	0	0	18.00
23.00	02300	PARAMED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE	0	0	0	0	31.01
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	INTERVENTIONAL RADIOLOGY	0	0	0	0	54.01
54.02	05402	BREAST CENTER	0	0	0	0	54.02
54.03	05403	RADIATION ONCOLOGY	0	0	0	0	54.03
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
64.01	06401	HOME INFUSION	0	0	0	0	64.01
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 PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04951	SLEEP CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

Period:
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Cost Center Description			ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
101.00	10100	HOME HEALTH AGENCY	5.00	6.00	7.00	8.00	9.00	0
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	0
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	0
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0
193.01	19301	COMMUNITY	0	0	0	0	0	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	0
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	0
203.00		Total Statistical Basis	185,992,301	574,082	451,072	1,302,842	86,063	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	0					10.00
11.00	01100	0	0				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	0		13.00
14.00	01400	0	0	0	0	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	0	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	0	0	0	0	30.00
31.00	03100	0	0	0	0	0	31.00
31.01	03101	0	0	0	0	0	31.01
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	0	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
56.01	05601	0	0	0	0	0	56.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
64.01	06401	0	0	0	0	0	64.01
65.00	06500	0	0	0	0	0	65.00
66.00	06600	0	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03140	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.01	04951	0	0	0	0	0	90.01
91.00	09100	0	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

Period:
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	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	0	0	0	192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	COMMUNITY	0	0	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0	0	202.00
203.00		Total Statistical Basis	164,918	2,291,155	2,291,155	1,009,679	28,938,864	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	204.00

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Other General Service	PARAMED PRGM	
				OTHER GENERAL SERVICE		
	15.00	16.00	17.00	18.00	23.00	
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
6.00 00600 MAINTENANCE & REPAIRS						6.00
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
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	0					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0				16.00
17.00 01700 SOCIAL SERVICE	0	0	0			17.00
18.00 01850 OTHER GENERAL SERVICE	0	0	0	0		18.00
23.00 02300 PARAMED PRGM	0	0	0	0	0	23.00
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
31.01 03101 NEONATAL INTENSIVE CARE	0	0	0	0	0	31.01
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 05401 INTERVENTIONAL RADIOLOGY	0	0	0	0	0	54.01
54.02 05402 BREAST CENTER	0	0	0	0	0	54.02
54.03 05403 RADIATION ONCOLOGY	0	0	0	0	0	54.03
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRASOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELL	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
64.01 06401 HOME INFUSION	0	0	0	0	0	64.01
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 PATIENT	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03140 RADIOLOGY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04951 SLEEP CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

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

Worksheet L-1
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Other General Service	PARAMED PRGM	
						OTHER GENERAL SERVICE		
			15.00	16.00	17.00	18.00	23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0		113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00	19100	RESEARCH	0	0	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	0		192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	0		192.02
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
193.01	19301	COMMUNITY	0	0	0	0		193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
200.00		Cross Foot Adjustments						0 200.00
201.00		Negative Cost Centers	0	0	0	0		0 201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	0		0 202.00
203.00		Total Statistical Basis	4,965,505	536,283,204	13,156	0	100	203.00
204.00		Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000 204.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

Provider CCN: 150018

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

Worksheet L-1
Part I
Date/Time Prepared:
5/28/2015 1:02 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
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
12.00	01200				12.00
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
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	0	0	0	30.00
31.00	03100	0	0	0	31.00
31.01	03101	0	0	0	31.01
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	0	0	50.00
51.00	05100	0	0	0	51.00
52.00	05200	0	0	0	52.00
53.00	05300	0	0	0	53.00
54.00	05400	0	0	0	54.00
54.01	05401	0	0	0	54.01
54.02	05402	0	0	0	54.02
54.03	05403	0	0	0	54.03
55.00	05500	0	0	0	55.00
56.00	05600	0	0	0	56.00
56.01	05601	0	0	0	56.01
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
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	0	0	0	64.00
64.01	06401	0	0	0	64.01
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	0	0	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
76.00	03140	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	0	0	0	90.00
90.01	04951	0	0	0	90.01
91.00	09100	0	0	0	91.00
92.00	09200	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	0	0	0	94.00
95.00	09500	0	0	0	95.00

ALLOCATION OF ALLOWABLE COSTS FOR EXTRAORDINARY CIRCUMSTANCES

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Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09851	OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	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
192.01	19201	HOSPITAL BASED CLINIC	0	0	0	192.01
192.02	19202	OUTPATIENT PSYCH	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
193.01	19301	COMMUNITY	0	0	0	193.01
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.00
200.00		Cross Foot Adjustments	0		0	200.00
201.00		Negative Cost Centers	0		0	201.00
202.00		Total (sum of lines 118 and 190-201)	0	0	0	202.00
203.00		Total Statistical Basis				203.00
204.00		Unit Cost Multiplier				204.00