

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: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 5/27/2015 5:30 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/27/2015 Time: 5:30 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST MARGARET-HAMMOND ( 150004 ) for the cost reporting period beginning 01/01/2014 and ending 12/31/2014 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	425,293	335,627	-64,291	0	1.00
2.00 Subprovider - IPF	0	50,523	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	475,816	335,627	-64,291	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA					Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:29 pm			
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 5454 HOMAN AVENUE			PO Box:								
2.00	City: HAMMOND			State: IN		Zip Code: 46320		County: LAKE				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		FRANCISCAN ST MARGARET-HAMMOND		150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		FRANCISCAN ST MARGARET - HAMMOND PSY		155004	23844	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF											5.00
6.00	Subprovider - (Other)											6.00
7.00	Swing Beds - SNF											7.00
8.00	Swing Beds - NF											8.00
9.00	Hospital-Based SNF											9.00
10.00	Hospital-Based NF											10.00
11.00	Hospital-Based OLTC											11.00
12.00	Hospital-Based HHA		FRANCISCAN ST MARGARET - HAMMOND HHA		157145	23844		04/11/1985	N	P	N	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
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other		FRANCISCAN ST MARGARET - HAMMOND HMD		147302	23844		04/11/1985				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)						1				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.						1		N		23.00	
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days			
				1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in column 1, in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid paid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.			2,177	108	2,601	921	161	319		24.00	

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	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days				
	1.00	2.00	3.00	4.00	5.00	6.00				
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in column 1, the in-state Medicaid eligible unpaid days in column 2, out-of-state Medicaid days in column 3, out-of-state Medicaid eligible unpaid days in column 4, Medicaid HMO paid and eligible but unpaid days in column 5.							25.00		
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1	26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1	27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0	35.00		
							Beginning:	Ending:		
							1.00	2.00		
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.							36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.						0	37.00		
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.							38.00		
							Y/N	Y/N		
							1.00	2.00		
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)						N	N	39.00	
40.00	Is this hospital subject to the HAC program reduction adjustment? Enter "Y" for yes or "N" for no in column 1, for discharges prior to October 1. Enter "Y" for yes or "N" for no in column 2, for discharges on or after October 1. (see instructions)						N	N	40.00	
							V	XVIII	XIX	
							1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital										
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)						N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Wkst. L, Pt. III and Wkst. L-1, Pt. I through Pt. III.						N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.						N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.						N	N	N	48.00
Teaching Hospitals										
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.						Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Wkst. D, Parts III & IV and D-2, Pt. II, if applicable.						N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, § 2148? If yes, complete Wkst. D-5.						N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Wkst. D-2, Pt. I.						N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)						Y			60.00
		Y/N	IME	Direct GME	IME	Direct GME				
		1.00	2.00	3.00	4.00	5.00				
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)						N			61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)							0.00	0.00	61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)							0.00	0.00	61.02

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	Y/N	IME	Direct GME	IME	Direct GME		
	1.00	2.00	3.00	4.00	5.00		
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)	0.00	0.00				61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).	0.00	0.00				61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)	0.00	0.00				61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)	0.00	0.00				61.06
	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count			
	1.00	2.00	3.00	4.00			
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1, the program name, enter in column 2, the program code, enter in column 3, the IME FTE unweighted count and enter in column 4, direct GME FTE unweighted count.		0.00	0.00			61.20
					1.00		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00		62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00		62.01
Teaching Hospitals that Claim Residents in Nonprovider Settings							
63.00	Has your facility trained residents in nonprovider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N		63.00
	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))				
	1.00	2.00	3.00				
Section 5504 of the ACA Base Year FTE Residents in Nonprovider Settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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 Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))				
	1.00	2.00	3.00	4.00	5.00				
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2, the program code, enter in column 3, the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4, the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5, the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		65.00		
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))				
			1.00	2.00	3.00				
Section 5504 of the ACA Current Year FTE Residents in Nonprovider Settings--Effective for cost reporting periods beginning on or after July 1, 2010									
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all 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		
70.00	Inpatient Psychiatric Facility PPS Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.						Y	70.00	
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. (see 42 CFR 412.424(d)(1)(iii)(c)) Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)						N	0	71.00
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.						N	75.00	

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		1.00	2.00	3.00			
76.00	If line 75 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR 412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2, or 3, in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the fifth or subsequent academic years of the new teaching program in existence, enter 5. (see instructions) For cost reporting periods beginning on or after October 1, 2012, if this cost reporting period covers the beginning of the sixth or any subsequent academic year of the new teaching program in existence, enter 6 in column 3. (see instructions)			0	76.00		
		1.00					
<b>Long Term Care Hospital PPS</b>							
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		
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N	85.00		
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.				86.00		
		V		XIX			
		1.00		2.00			
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	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	
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N	105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)				106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Wkst. B, Pt. I, col. 25 and the program would be cost reimbursed. If yes complete Wkst. D-2, Pt. II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)				107.00		
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.			N	108.00		
		Physical		Speech		Respiratory	
		1.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		109.00	
						1.00	
110.00	Did this hospital participate in the Rural Community Hospital Demonstration project (410A Demo) for the current cost reporting period? Enter "Y" for yes or "N" for no.			N		110.00	
		1.00		2.00		3.00	
<b>Miscellaneous Cost Reporting Information</b>							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospitals providers) based on the definition in CMS Pub.15-1, §2208.1.			N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N	116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y	117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2	118.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:29 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	305,557	0	0
		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	
119.00	DO NOT USE THIS LINE			
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
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	
<b>Transplant Center Information</b>				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N	
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.			
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.			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
<b>All Providers</b>				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101
142.00	Street: 1515 DRAGOON TRAIL	PO Box:		
143.00	City: MISHAWAKA	State:	Zip Code:	46546
		1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are the costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	
		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, § 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	3.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)				
155.00	Hospital	N	N	N
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet S-2 Part I Date/Time Prepared: 5/27/2015 5:29 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5 (see instructions)						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.50	169.00
		Beginning	Ending					
		1.00	2.00					
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)				07/01/2014	09/30/2014	170.00	
							1.00	
171.00	If line 167 is "Y", does this provider have any days for individuals enrolled in section 1876 Medicare cost plans reported on Wkst. S-3, Pt. 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: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 5:29 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
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.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
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?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
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.		Y		15.00
		Y/N			
		1.00			
PS&R Data					
		Description	Part A		Part B
		0	Y/N	Date	Y/N
		1.00	2.00	3.00	
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			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	04/08/2015	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		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 5:29 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
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	HONG		YANG	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSM - HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33175		HONG.YANG@FRANCISCANALLIANCE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-2 Part II Date/Time Prepared: 5/27/2015 5:29 pm
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/08/2015		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	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REGIONAL DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 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	171	62,415	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)		171	62,415	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		191	69,715	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						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						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		237				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: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	13,624	5,434	25,101			1.00
2.00 HMO and other (see instructions)	2,624	0				2.00
3.00 HMO IPF Subprovider	107	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	13,624	5,434	25,101			7.00
8.00 INTENSIVE CARE UNIT	2,135	741	3,623			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		46	226			13.00
14.00 Total (see instructions)	15,759	6,221	28,950	6.46	869.21	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,166	2,666	8,537	0.00	42.85	16.00
17.00 SUBPROVIDER - IRF						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						21.00
22.00 HOME HEALTH AGENCY	17,883	744	23,119	0.00	37.29	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				6.46	949.35	27.00
28.00 Observation Bed Days		1,044	4,466			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	66	321			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: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,871	951	5,359	1.00
2.00	HMO and other (see instructions)			409	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,871	951	5,359	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	216	592	2,077	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	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: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part II Date/Time Prepared: 5/27/2015 5:29 pm			
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	55,621,666	0	55,621,666	1,929,262.00	28.83	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		6,759,067	120,155	6,879,222	221,494.00	31.06	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor: Direct Patient Care		214,928	0	214,928	3,266.75	65.79	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		282,955	0	282,955	2,084.00	135.77	13.00
14.00	Home office salaries & wage-related costs		6,392,995	0	6,392,995	122,225.00	52.31	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		13,660,626	0	13,660,626			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,852,325	0	1,852,325			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	1,114,458	0	1,114,458	54,703.73	20.37	26.00
27.00	Administrative & General	5.00	3,851,028	0	3,851,028	176,000.15	21.88	27.00
28.00	Administrative & General under contract (see inst.)		151,784	0	151,784	715.00	212.29	28.00
29.00	Maintenance & Repairs	6.00	1,591,296	0	1,591,296	48,669.51	32.70	29.00
30.00	Operation of Plant	7.00	325,419	0	325,419	46,618.00	6.98	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	33,081.77	0.00	31.00
32.00	Housekeeping	9.00	1,345,718	0	1,345,718	109,015.08	12.34	32.00
33.00	Housekeeping under contract (see instructions)		3,701	0	3,701	281.50	13.15	33.00
34.00	Dietary	10.00	664,413	-391,948	272,465	26,089.00	10.44	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	391,948	391,948	34,511.00	11.36	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,239,667	0	3,239,667	89,017.68	36.39	38.00
39.00	Central Services and Supply	14.00	424,808	0	424,808	24,907.80	17.06	39.00
40.00	Pharmacy	15.00	2,070,394	-560,560	1,509,834	53,093.62	28.44	40.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/27/2015 5:29 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
41.00	Medical Records & Medical Records Library	16.00	1,099,387	0	1,099,387	44,273.03	24.83	41.00
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/27/2015 5:29 pm

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	55,777,151	0	55,777,151	1,930,258.50	28.90	1.00
2.00	Excluded area salaries (see instructions)	6,759,067	120,155	6,879,222	221,494.00	31.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)	49,018,084	-120,155	48,897,929	1,708,764.50	28.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,890,878	0	6,890,878	127,575.75	54.01	4.00
5.00	Subtotal wage-related costs (see inst.)	13,660,626	0	13,660,626	0.00	27.94	5.00
6.00	Total (sum of lines 3 thru 5)	69,569,588	-120,155	69,449,433	1,836,340.25	37.82	6.00
7.00	Total overhead cost (see instructions)	15,882,073	-560,560	15,321,513	740,976.87	20.68	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part IV Date/Time Prepared: 5/27/2015 5:29 pm
			Amount Reported	
			1.00	
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions		1,855,115	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)		1,409,817	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		7,107,711	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		-3,683	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-50,505	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)		169,010	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		6,088	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		4,774,580	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		161,191	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		83,627	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>15,512,951</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-3 Part V Date/Time Prepared: 5/27/2015 5:29 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
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			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			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150004 Component CCN: 157145		Period: From 01/01/2014 To 12/31/2014		Worksheet S-4 Date/Time Prepared: 5/27/2015 5:29 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	54,902	2,271	13,806	70,979	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	785.00	49.00	9,024.00	9,858.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		12.71	0.00	12.71	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			22.22	0.00	22.22	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			4.33	0.00	4.33	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.54	0.00	1.54	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.03	0.00	0.03	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.07	0.00	2.07	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	9,615	215	576	90	10,496	21.00
22.00	Skilled Nursing Visit Charges	1,892,716	45,084	90,098	16,119	2,044,017	22.00
23.00	Physical Therapy Visits	3,862	8	46	65	3,981	23.00
24.00	Physical Therapy Visit Charges	834,005	1,744	9,335	14,144	859,228	24.00
25.00	Occupational Therapy Visits	1,306	0	4	28	1,338	25.00
26.00	Occupational Therapy Visit Charges	190,595	0	436	5,450	196,481	26.00
27.00	Speech Pathology Visits	21	0	0	0	21	27.00
28.00	Speech Pathology Visit Charges	4,578	0	0	0	4,578	28.00
29.00	Medical Social Service Visits	24	1	0	0	25	29.00
30.00	Medical Social Service Visit Charges	6,720	282	0	0	7,002	30.00
31.00	Home Health Aide Visits	1,968	30	7	17	2,022	31.00
32.00	Home Health Aide Visit Charges	253,238	3,946	792	2,244	260,220	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,796	254	633	200	17,883	33.00
34.00	Other Charges	82,872	879	8,069	173	91,993	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,264,724	51,935	108,730	38,130	3,463,519	35.00
36.00	Total Number of Episodes (standard/non outlier)	955		165	16	1,136	36.00
37.00	Total Number of Outlier Episodes		7		0	7	37.00
38.00	Total Non-Routine Medical Supply Charges	14,399	416	2,749	0	17,564	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet S-10	Date/Time Prepared: 5/27/2015 5:29 pm
					1.00
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.254853	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			13,769,305	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			10,872,939	5.00
6.00	Medicaid charges			86,608,443	6.00
7.00	Medicaid cost (line 1 times line 6)			22,072,422	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	19,896,800	13,439,400	33,336,200	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,070,759	3,425,071	8,495,830	21.00
22.00	Partial payment by patients approved for charity care	114,900	1,129,400	1,244,300	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,955,859	2,295,671	7,251,530	23.00
					1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			11,129,853	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,268,286	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			9,861,567	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			2,513,250	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			9,764,780	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			9,764,780	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		7,159,999			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
3.00	00300	OTHER CAP REL COSTS		0			3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,114,458	10,000,386	11,114,844	-2,082	4.00
5.01	01160	COMMUNICATIONS	197,896	459,957	657,853	0	5.01
5.02	00550	DATA PROCESSING	23,882	-14,594,074	-14,570,192	0	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	128,030	200,654	328,684	0	5.03
5.04	00570	ADMINITTING	604,093	21,518	625,611	0	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,897,127	12,028,476	14,925,603	820,941	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,591,296	2,473,902	4,065,198	0	6.00
7.00	00700	OPERATION OF PLANT	325,419	3,863,990	4,189,409	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	396,863	396,863	0	8.00
9.00	00900	HOUSEKEEPING	1,345,718	321,531	1,667,249	0	9.00
10.00	01000	DIETARY	664,413	1,166,920	1,831,333	-1,080,333	10.00
11.00	01100	CAFETERIA	0	0	0	1,080,333	11.00
13.00	01300	NURSING ADMINISTRATION	3,239,667	362,287	3,601,954	-13,930	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	424,808	844,996	1,269,804	-482,292	14.00
15.00	01500	PHARMACY	2,070,394	17,400,594	19,470,988	-15,017,375	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,099,387	868,880	1,968,267	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	3,722	2,657	6,379	425,025	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	74,805	8,387	83,192	79,143	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	75,971	218	76,189	-14,125	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	50,369	2,124	52,493	6,523	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	459,511	11,634	471,145	119,764	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	10,059,931	1,681,841	11,741,772	-1,543,427	30.00
31.00	03100	INTENSIVE CARE UNIT	2,296,971	270,401	2,567,372	-126,372	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	2,462,807	14,762,013	17,224,820	-706	40.00
43.00	04300	NURSERY	0	0	0	688,337	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	875,153	3,037,779	3,912,932	-1,870,778	50.00
50.01	05001	OPEN HEART SURGERY	102,548	238,318	340,866	-128,939	50.01
50.02	05002	OUTPATIENT SURGERY	887,079	323,721	1,210,800	-194,156	50.02
51.00	05100	RECOVERY ROOM	288,019	17,816	305,835	-5,855	51.00
53.00	05300	ANESTHESIOLOGY	72,398	2,760,797	2,833,195	-71,395	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,238,613	192,319	1,430,932	-139,930	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	699,208	1,155,133	1,854,341	-458,278	54.01
54.02	05402	ULTRASOUND	419,615	82,070	501,685	-13,633	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	427,558	373,777	801,335	0	55.01
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	7,242,876	7,242,876	-79,143	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	597,494	597,494	595,904	63.00
63.01	06301	NUCLEAR MEDICINE	220,641	281,396	502,037	69,566	63.01
65.00	06500	RESPIRATORY THERAPY	1,273,209	346,652	1,619,861	79,337	65.00
66.00	06600	PHYSICAL THERAPY	1,563,348	1,072,025	2,635,373	-247,738	66.00
67.00	06700	OCCUPATIONAL THERAPY	394,083	144,366	538,449	16,601	67.00
68.00	06800	SPEECH PATHOLOGY	245,063	104,910	349,973	-11,630	68.00
69.00	06900	ELECTROCARDIOLOGY	325,973	291,641	617,614	-1,609	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	252,681	50,867	303,548	-1,622	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,153,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,092,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	14,301,705	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	23,880	23,880	-18,687	76.01
76.02	03140	CARDIOVASCULAR SERVICES	831,178	2,197,829	3,029,007	-1,786,435	76.02
76.03	03957	CARDIAC REHABILITATION	348,965	31,216	380,181	12,288	76.03
76.04	03190	RADIATION ONCOLOGY	608,867	266,967	875,834	-1,525	76.04
76.05	03951	MRI	141,740	83,122	224,862	1,002	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	2,889,726	2,889,726	0	76.07
76.08	03953	WOUND CARE	312,966	132,534	445,500	-106,406	76.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
5/27/2015 5:29 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	
76.09	03954 RENAL DIALYSIS	0	0	0	526,832	526,832	76.09
76.10	03955 INFUSION	1,120,908	599,160	1,720,068	-70,041	1,650,027	76.10
76.11	03956 CARE TRANSITION CENTER	52,288	0	52,288	0	52,288	76.11
76.12	03958 ANTI COAGULATION CLINIC	168,807	32,544	201,351	0	201,351	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	7,904,479	2,135,236	10,039,715	-703,901	9,335,814	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,594,861	336,473	2,931,334	-55,901	2,875,433	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE		4,624,237	4,624,237	-1,544,060	3,080,177	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	54,580,923	91,383,035	145,963,958	0	145,963,958	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	39,800	61,800	101,600	0	101,600	190.00
190.01	19001 CONVENT	0	14,067	14,067	0	14,067	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	119,378	119,378	0	119,378	190.03
190.04	19004 WOMEN'S HEALTH CENTER	123,291	2,496	125,787	0	125,787	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	66,191	5,636,722	5,702,913	0	5,702,913	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	360,453	67,669	428,122	0	428,122	190.10
190.11	19011 CENTER OF HOPE	15,021	656	15,677	0	15,677	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	116,577	171,605	288,182	0	288,182	192.00
192.01	19201 WORKING WELL	319,410	327,668	647,078	0	647,078	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	55,621,666	97,785,096	153,406,762	0	153,406,762	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet A Date/Time Prepared: 5/27/2015 5:29 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,607,463	5,264,782	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	4,225,799	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,391,326	14,504,088	4.00
5.01	01160	COMMUNICATIONS	-16,360	641,493	5.01
5.02	00550	DATA PROCESSING	15,954,544	1,384,352	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	-126,590	202,094	5.03
5.04	00570	ADMINITTING	0	625,611	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	1,173,759	16,920,303	5.05
6.00	00600	MAINTENANCE & REPAIRS	-22,336	4,042,862	6.00
7.00	00700	OPERATION OF PLANT	0	4,189,409	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1	396,862	8.00
9.00	00900	HOUSEKEEPING	0	1,667,249	9.00
10.00	01000	DIETARY	-64,514	686,486	10.00
11.00	01100	CAFETERIA	-874,890	205,443	11.00
13.00	01300	NURSING ADMINISTRATION	-53,827	3,534,197	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-148,671	638,841	14.00
15.00	01500	PHARMACY	-1,168,974	3,284,639	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,737	1,963,530	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	219,032	650,436	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	162,335	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	62,064	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	59,016	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	590,909	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-6,697	10,191,648	30.00
31.00	03100	INTENSIVE CARE UNIT	-49,124	2,391,876	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	-12,536,218	4,687,896	40.00
43.00	04300	NURSERY	0	688,337	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-594,789	1,447,365	50.00
50.01	05001	OPEN HEART SURGERY	-19,052	192,875	50.01
50.02	05002	OUTPATIENT SURGERY	0	1,016,644	50.02
51.00	05100	RECOVERY ROOM	0	299,980	51.00
53.00	05300	ANESTHESIOLOGY	0	2,761,800	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-85,282	1,205,720	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	1,396,063	54.01
54.02	05402	ULTRASOUND	-5,384	482,668	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-76,641	724,694	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-1,907,159	5,256,574	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-165	1,193,233	63.00
63.01	06301	NUCLEAR MEDICINE	-663	570,940	63.01
65.00	06500	RESPIRATORY THERAPY	-27,156	1,672,042	65.00
66.00	06600	PHYSICAL THERAPY	-211,179	2,176,456	66.00
67.00	06700	OCCUPATIONAL THERAPY	-460	554,590	67.00
68.00	06800	SPEECH PATHOLOGY	0	338,343	68.00
69.00	06900	ELECTROCARDIOLOGY	-246,291	369,714	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-8,816	293,110	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,153,705	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,092,179	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	14,301,705	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03950	ORTHOPEDICS	0	5,193	76.01
76.02	03140	CARDIOVASCULAR SERVICES	-70,866	1,171,706	76.02
76.03	03957	CARDIAC REHABILITATION	-2,709	389,760	76.03
76.04	03190	RADIATION ONCOLOGY	0	874,309	76.04
76.05	03951	MRI	-18,659	207,205	76.05
76.06	03952	BARIATRIC CENTER	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	-2,530,773	358,953	76.07
76.08	03953	WOUND CARE	-3,762	335,332	76.08
76.09	03954	RENAL DIALYSIS	0	526,832	76.09
76.10	03955	INFUSION	-100,255	1,549,772	76.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
76.11	03956	CARE TRANSITION CENTER	6.00	7.00	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	52,288	76.12
			0	201,351	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	90.01
91.00	09100	EMERGENCY	-5,498,577	3,837,237	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	-76,380	2,799,053	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-3,080,177	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,292,010	138,671,948	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	101,600	190.00
190.01	19001	CONVENT	0	14,067	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	119,378	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	125,787	190.04
190.05	19005	DEVELOPMENT	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	190.08
190.09	19009	MDWISE	0	5,702,913	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	428,122	190.10
190.11	19011	CENTER OF HOPE	0	15,677	190.11
190.12	19012	SELECT	0	0	190.12
190.13	19013	PERCINI AS	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	288,182	192.00
192.01	19201	WORKING WELL	0	647,078	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.01	07951	REHAB	0	0	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-7,292,010	146,114,752	200.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 5:29 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	4,225,799	1.00	
	O		0	4,225,799		
<b>B - DIETARY</b>						
1.00	CAFETERIA	11.00	391,948	688,385	1.00	
	O		391,948	688,385		
<b>C - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	177,896	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	813,547	2.00	
	O		0	991,443		
<b>D - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,082	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	13,930	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	482,292	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	227,635	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	126,372	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	706	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,870,778	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	128,939	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	194,156	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	5,855	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	71,395	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,138	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	482,561	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	60,390	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	468	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	103,160	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	8,115	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,357	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	22,870	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,609	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,622	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	18,687	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,887,058	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,117	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,525	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,841	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	106,406	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	70,041	29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	278,876	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	55,901	31.00	
	O		0	6,245,884		

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

Date/Time Prepared:  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>E - PHARMACY</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	446,928	13,854,777	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	595,904	2.00
	O		446,928	14,450,681	
<b>F - RADIOLOGY ADMINISTRATION</b>					
1.00	NUCLEAR MEDICINE	63.01	6,827	0	1.00
2.00	ULTRASOUND	54.02	46,757	0	2.00
3.00	NUCLEAR MEDICINE	63.01	63,207	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	24,283	0	4.00
5.00	MRI	76.05	10,843	0	5.00
	O		151,917	0	
<b>G - MEDICAL EDUCATION</b>					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	425,025	1.00
	O		0	425,025	
<b>H - PARAMEDICAL EDUCATION</b>					
1.00	PARAMED ED PRGM - LAB	23.01		79,143	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00		14,125	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	6,523		3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	113,632	6,132	4.00
	O		120,155	99,400	
<b>I - PROFESSIONAL SUPPORT SERVICES</b>					
1.00	RESPIRATORY THERAPY	65.00	188,319	701	1.00
2.00	OCCUPATIONAL THERAPY	67.00	25,862	96	2.00
3.00	SPEECH PATHOLOGY	68.00	11,198	42	3.00
4.00	CARDIAC REHABILITATION	76.03	13,355	50	4.00
	O		238,734	889	
<b>J - RENT</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
	O		0	18,000	
<b>K - NURSERY</b>					
1.00	NURSERY	43.00	554,720	133,617	1.00
	O		554,720	133,617	
<b>L - RENAL DIALYSIS</b>					
1.00	RENAL DIALYSIS	76.09	477,609	49,223	1.00
	O		477,609	49,223	
<b>M - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,092,179	1.00
	O		0	3,092,179	
<b>O - INTEREST EXPENSE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	527,223	1.00
	O		0	527,223	
<b>P - MISCELLANEOUS A&amp;G</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7,394	1.00
	O		0	7,394	
<b>Q - CATH LAB RECOVERY</b>					
1.00	CARDIOVASCULAR SERVICES	76.02	97,161	3,462	1.00
	TOTALS		97,161	3,462	
500.00	Grand Total: Increases		2,479,172	30,958,604	500.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
Date/Time Prepared:  
5/27/2015 5:29 pm

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAPITAL</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,225,799	9	1.00
	O		0	4,225,799		
<b>B - DIETARY</b>						
1.00	DIETARY	10.00	391,948	688,385	0	1.00
	O		391,948	688,385		
<b>C - INSURANCE</b>						
1.00	INTEREST EXPENSE	113.00	0	177,896	12	1.00
2.00	INTEREST EXPENSE	113.00	0	813,547	0	2.00
	O		0	991,443		
<b>D - CHARGEABLE SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	2,082	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	13,930	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	482,292	0	3.00
4.00	PHARMACY	15.00	0	2	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	227,635	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	126,372	0	6.00
7.00	SUBPROVIDER - IPF	40.00	0	706	0	7.00
8.00	OPERATING ROOM	50.00	0	1,870,778	0	8.00
9.00	OPEN HEART SURGERY	50.01	0	128,939	0	9.00
10.00	OUTPATIENT SURGERY	50.02	0	194,156	0	10.00
11.00	RECOVERY ROOM	51.00	0	5,855	0	11.00
12.00	ANESTHESIOLOGY	53.00	0	71,395	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,138	0	13.00
14.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	482,561	0	14.00
15.00	ULTRASOUND	54.02	0	60,390	0	15.00
16.00	NUCLEAR MEDICINE	63.01	0	468	0	16.00
17.00	RESPIRATORY THERAPY	65.00	0	103,160	0	17.00
18.00	PHYSICAL THERAPY	66.00	0	8,115	0	18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	9,357	0	19.00
20.00	SPEECH PATHOLOGY	68.00	0	22,870	0	20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,609	0	21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,622	0	22.00
23.00	ORTHOPEDICS	76.01	0	18,687	0	23.00
24.00	CARDIOVASCULAR SERVICES	76.02	0	1,887,058	0	24.00
25.00	CARDIAC REHABILITATION	76.03	0	1,117	0	25.00
26.00	RADIATION ONCOLOGY	76.04	0	1,525	0	26.00
27.00	MRI	76.05	0	9,841	0	27.00
28.00	WOUND CARE	76.08	0	106,406	0	28.00
29.00	INFUSION	76.10	0	70,041	0	29.00
30.00	EMERGENCY	91.00	0	278,876	0	30.00
31.00	HOME HEALTH AGENCY	101.00	0	55,901	0	31.00
	O		0	6,245,884		
<b>E - PHARMACY</b>						
1.00	PHARMACY	15.00	446,928	13,854,777	0	1.00
2.00	PHARMACY	15.00	0	595,904	0	2.00
	O		446,928	14,450,681		
<b>F - RADIOLOGY ADMINISTRATION</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	6,827	0	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	46,757	0	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	63,207	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	24,283	0	0	4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	10,843	0	0	5.00
	O		151,917	0		
<b>G - MEDICAL EDUCATION</b>						
1.00	EMERGENCY	91.00	0	425,025	0	1.00
	O		0	425,025		
<b>H - PARAMEDICAL EDUCATION</b>						
1.00	LABORATORY	60.00		79,143	0	1.00
2.00	PARAMED PRGM - RADIOLOGY	23.02		14,125	0	2.00
3.00	RESPIRATORY THERAPY	65.00	6,523		0	3.00
4.00	PHARMACY	15.00	113,632	6,132	0	4.00
	O		120,155	99,400		
<b>I - PROFESSIONAL SUPPORT SERVICES</b>						
1.00	PHYSICAL THERAPY	66.00	188,319	701	0	1.00
2.00	PHYSICAL THERAPY	66.00	25,862	96	0	2.00
3.00	PHYSICAL THERAPY	66.00	11,198	42	0	3.00
4.00	PHYSICAL THERAPY	66.00	13,355	50	0	4.00
	O		238,734	889		
<b>J - RENT</b>						
1.00	INTEREST EXPENSE	113.00	0	18,000	10	1.00
	O		0	18,000		

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

Date/Time Prepared:  
5/27/2015 5:29 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	554,720	133,617	0		1.00
	O		554,720	133,617			
L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	477,609	49,223	0		1.00
	O		477,609	49,223			
M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,092,179	0		1.00
	O		0	3,092,179			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	527,223	11		1.00
	O		0	527,223			
P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	113.00	0	7,394	0		1.00
	O		0	7,394			
Q - CATH LAB RECOVERY							
1.00	ADULTS & PEDIATRICS	30.00	97,161	3,462	0		1.00
	TOTALS		97,161	3,462			
500.00	Grand Total: Decreases		2,479,172	30,958,604			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,547,620	0	0	0	1.00
2.00	Land Improvements	3,492,686	115,075	0	115,075	2.00
3.00	Buildings and Fixtures	46,247,089	0	0	0	3.00
4.00	Building Improvements	157,134	0	0	0	4.00
5.00	Fixed Equipment	143,992,879	360,674	0	360,674	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	199,437,408	475,749	0	475,749	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	199,437,408	475,749	0	475,749	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,547,620	0			1.00
2.00	Land Improvements	3,607,761	0			2.00
3.00	Buildings and Fixtures	44,603,040	0			3.00
4.00	Building Improvements	157,134	0			4.00
5.00	Fixed Equipment	144,353,553	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	198,269,108	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	198,269,108	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/27/2015 5:29 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	7,039,166	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)	7,039,166	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	120,833	7,159,999				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	120,833	7,159,999				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/27/2015 5:29 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,813,367	17,214	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,225,799	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,039,166	17,214	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	527,223	177,896	0	1,729,082	5,264,782	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	4,225,799	2.00
3.00	Total (sum of lines 1-2)	527,223	177,896	0	1,729,082	9,490,581	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
5/27/2015 5:29 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)	B	-3,590		INTEREST EXPENSE	113.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-148,020		CENTRAL SERVICES & SUPPLY	14.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-786		CAP REL COSTS-BLDG & FIXT	1.00		10	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-16,360		COMMUNICATIONS	5.01		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	-5,642,273					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-4,730		RADIOLOGY-DIAGNOSTIC	54.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	1,609,388					0	12.00
13.00 Laundry and linen service	B	-1		LAUNDRY & LINEN SERVICE	8.00		0	13.00
14.00 Cafeteria-employees and guests	B	-641,928		CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0			0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0	16.00
17.00 Sale of drugs to other than patients		0			0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-4,737		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	B	-15,621		CAFETERIA	11.00		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)				*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0	*** 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 KINDRED MEALS	B	-217,341		CAFETERIA	11.00		0	33.00
33.01 WELLNESS CENTER REVENUE	B	-260		EMPLOYEE BENEFITS DEPARTMENT	4.00		0	33.01

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
5/27/2015 5:29 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	
33.02	PHYSICIAN APPLICATION FEES	B	-39,425	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-3,080	DIETARY	10.00	0 33.03
33.04	MISCELLANEOUS INCOME	B	-8,405	CARDIOVASCULAR SERVICES	76.02	0 33.04
33.05	LOBBYING EXPENSE	A	-49,532	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.05
33.06	PROGRAM FEES	B	-21,953	NURSING ADMINISTRATION	13.00	0 33.06
33.07	LIFELINE	B	-31,760	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.07
33.08	UNNECESSARY BORROWING	A	-929,809	INTEREST EXPENSE	113.00	0 33.08
33.09	MISCELLANEOUS INCOME	B	-18,165	MAINTENANCE & REPAIRS	6.00	0 33.09
33.10	MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	101.00	0 33.10
33.11	DONATIONS EXPENSE	A	-28,225	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.11
33.12	GOODWILL OFFSET	A	-120,833	CAP REL COSTS-BLDG & FIXT	1.00	14 33.12
33.13	ADVERTISING EXPENSE	A	-3,092	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.13
33.14	ADVERTISING EXPENSE	A	-385,800	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.14
33.15	ADVERTISING EXPENSE	A	-3,881	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.15
33.16	ADVERTISING EXPENSE	A	-1,447	WOUND CARE	76.08	0 33.16
33.17	ADVERTISING EXPENSE	A	-1,380	HOME HEALTH AGENCY	101.00	0 33.17
33.18	MISCELLANEOUS INCOME	B	-2,100	RADIOLOGY-DIAGNOSTIC	54.00	0 33.18
33.19	PATIENT INTEREST	B	-53,750	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.19
33.20	HAF ASSESSMENT	A	-3,602,338	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.20
33.21	PENSION COST	A	3,398,559	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.21
33.22	DISCOUNTS/REBATES	B	-39,897	PURCHASING RECEIVING AND STORES	5.03	0 33.22
33.23	DISCOUNTS/REBATES	B	-4,171	MAINTENANCE & REPAIRS	6.00	0 33.23
33.24	DISCOUNTS/REBATES	B	-61,434	DIETARY	10.00	0 33.24
33.25	DISCOUNTS/REBATES	B	-107,679	PHARMACY	15.00	0 33.25
33.26	DISCOUNTS/REBATES	B	-107,473	OPERATING ROOM	50.00	0 33.26
33.27	DISCOUNTS/REBATES	B	-29,283	RADIOLOGY-DIAGNOSTIC	54.00	0 33.27
33.28	DISCOUNTS/REBATES	B	-18,209	LABORATORY	60.00	0 33.28
33.29	DISCOUNTS/REBATES	B	-3,510	RESPIRATORY THERAPY	65.00	0 33.29
33.30	DISCOUNTS/REBATES	B	-56,083	CARDIOVASCULAR SERVICES	76.02	0 33.30
33.31	DISCOUNTS/REBATES	B	-710	CARDIAC REHABILITATION	76.03	0 33.31
33.32	SALE OF MEDICAL RECORDS	B	-14,918	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.32
33.33	PODIATRY RESIDENTS ADD ON	A	219,032	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0 33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,292,010			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: 150004

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

Worksheet A-8-1

Date/Time Prepared: 5/27/2015 5:29 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,729,082	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	0	6,235,197
3.00	5.03	PURCHASING RECEIVING AND STO	PURCHASING	0	86,693
4.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	9,258,737	2,576,995
4.01	15.00	PHARMACY	COEP / PHARMACY	232,265	257,357
4.02	113.00	INTEREST EXPENSE	INTEREST	1,346,754	3,493,532
4.03	5.05	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	0	1,302,235
4.04	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-22,189,741
4.05	14.00	CENTRAL SERVICES & SUPPLY	SPD	172	823
4.06	15.00	PHARMACY	PHARMACY	215,694	1,251,017
4.07	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU	0	6,697
4.08	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	4,694,883
4.09	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	9,670,450
4.10	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATI	0	139
4.11	50.00	OPERATING ROOM	SURGERY	28	139
4.12	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	5,337	54,506
4.13	54.02	ULTRASOUND	ULTRASOUND	665	6,049
4.14	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	8,320	84,961
4.15	60.00	LABORATORY	CHEMISTRY	318,813	2,194,139
4.16	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	71	236
4.17	63.01	NUCLEAR MEDICINE	NUCLEAR MEDICINE	158	821
4.18	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	4,686	28,332
4.19	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	1,388	5,401
4.20	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	188	648
4.21	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	34,933	281,224
4.22	76.03	CARDIAC REHABILITATION	CARDIAC REHAB	283	2,282
4.23	76.05	MRI	MRI	2,306	20,965
4.24	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	358,953	2,889,726
4.25	91.00	EMERGENCY	EMERGENCY ROOM	213,310	996,303
4.26	40.00	SUBPROVIDER - IPF	OVERHEAD EXPENSES	1,829,254	0
4.27	0.00			0	0
4.28	0.00			0	0
4.29	0.00			0	0
4.30	0.00			0	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			15,561,397	13,952,009

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

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

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

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

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

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2015 5:29 pm

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

(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: 150004

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

Worksheet A-8-1

Date/Time Prepared:  
5/27/2015 5:29 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,729,082	14		1.00
2.00	-6,235,197	0		2.00
3.00	-86,693	0		3.00
4.00	6,681,742	0		4.00
4.01	-25,092	0		4.01
4.02	-2,146,778	0		4.02
4.03	-1,302,235	0		4.03
4.04	22,189,741	0		4.04
4.05	-651	0		4.05
4.06	-1,035,323	0		4.06
4.07	-6,697	0		4.07
4.08	-4,694,883	0		4.08
4.09	-9,670,450	0		4.09
4.10	-139	0		4.10
4.11	-111	0		4.11
4.12	-49,169	0		4.12
4.13	-5,384	0		4.13
4.14	-76,641	0		4.14
4.15	-1,875,326	0		4.15
4.16	-165	0		4.16
4.17	-663	0		4.17
4.18	-23,646	0		4.18
4.19	-4,013	0		4.19
4.20	-460	0		4.20
4.21	-246,291	0		4.21
4.22	-1,999	0		4.22
4.23	-18,659	0		4.23
4.24	-2,530,773	0		4.24
4.25	-782,993	0		4.25
4.26	1,829,254	0		4.26
4.27	0	0		4.27
4.28	0	0		4.28
4.29	0	0		4.29
4.30	0	0		4.30
5.00	1,609,388			5.00

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

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

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

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

6.00	HOME OFFICE		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: 150004

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

Worksheet A-8-2

Date/Time Prepared: 5/27/2015 5:29 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	13.00 NURSING ADMINISTRATION	36,120	0	36,120	171,400	258	1.00
2.00	13.00 NURSING ADMINISTRATION	17,014	17,014	0	171,400	0	2.00
3.00	15.00 PHARMACY	5,000	0	5,000	171,400	50	3.00
4.00	31.00 INTENSIVE CARE UNIT	49,124	49,124	0	171,400	0	4.00
5.00	50.00 OPERATING ROOM	496,723	482,140	14,583	204,100	97	5.00
6.00	50.01 OPEN HEART SURGERY	37,500	0	37,500	204,100	188	6.00
7.00	60.00 LABORATORY	36,862	0	36,862	171,400	282	7.00
8.00	66.00 PHYSICAL THERAPY	207,166	207,166	0	171,400	0	8.00
9.00	70.00 ELECTROENCEPHALOGRAPHY	24,000	4,000	20,000	171,400	200	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	5,335	0	5,335	171,400	49	10.00
11.00	76.02 CARDIOVASCULAR SERVICES	17,420	0	17,420	171,400	134	11.00
12.00	76.08 WOUND CARE	6,435	0	6,435	171,400	50	12.00
13.00	76.10 INFUSION	4,290	4,290	0	171,400	0	13.00
14.00	76.10 INFUSION	4,290	4,290	0	171,400	0	14.00
15.00	76.10 INFUSION	4,290	4,290	0	171,400	0	15.00
16.00	76.10 INFUSION	2,790	2,790	0	171,400	0	16.00
17.00	76.10 INFUSION	5,260	5,260	0	171,400	0	17.00
18.00	91.00 EMERGENCY	103,700	0	103,700	171,400	776	18.00
19.00	76.10 INFUSION	79,335	79,335	0	171,400	0	19.00
20.00	91.00 EMERGENCY	4,675,829	4,675,829	0	171,400	0	20.00
200.00		5,818,483	5,535,528	282,955		2,084	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	13.00 NURSING ADMINISTRATION	21,260	1,063	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	0	0	0	0	0	2.00
3.00	15.00 PHARMACY	4,120	206	0	0	0	3.00
4.00	31.00 INTENSIVE CARE UNIT	0	0	0	0	0	4.00
5.00	50.00 OPERATING ROOM	9,518	476	0	0	0	5.00
6.00	50.01 OPEN HEART SURGERY	18,448	922	0	0	0	6.00
7.00	60.00 LABORATORY	23,238	1,162	0	0	0	7.00
8.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	8.00
9.00	70.00 ELECTROENCEPHALOGRAPHY	16,481	824	0	0	0	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	4,038	202	0	0	0	10.00
11.00	76.02 CARDIOVASCULAR SERVICES	11,042	552	0	0	0	11.00
12.00	76.08 WOUND CARE	4,120	206	0	0	0	12.00
13.00	76.10 INFUSION	0	0	0	0	0	13.00
14.00	76.10 INFUSION	0	0	0	0	0	14.00
15.00	76.10 INFUSION	0	0	0	0	0	15.00
16.00	76.10 INFUSION	0	0	0	0	0	16.00
17.00	76.10 INFUSION	0	0	0	0	0	17.00
18.00	91.00 EMERGENCY	63,945	3,197	0	0	0	18.00
19.00	76.10 INFUSION	0	0	0	0	0	19.00
20.00	91.00 EMERGENCY	0	0	0	0	0	20.00
200.00		176,210	8,810	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	13.00 NURSING ADMINISTRATION	0	21,260	14,860	14,860		1.00
2.00	13.00 NURSING ADMINISTRATION	0	0	0	17,014		2.00
3.00	15.00 PHARMACY	0	4,120	880	880		3.00
4.00	31.00 INTENSIVE CARE UNIT	0	0	0	49,124		4.00
5.00	50.00 OPERATING ROOM	0	9,518	5,065	487,205		5.00
6.00	50.01 OPEN HEART SURGERY	0	18,448	19,052	19,052		6.00
7.00	60.00 LABORATORY	0	23,238	13,624	13,624		7.00
8.00	66.00 PHYSICAL THERAPY	0	0	0	207,166		8.00
9.00	70.00 ELECTROENCEPHALOGRAPHY	0	16,481	3,519	7,519		9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	0	4,038	1,297	1,297		10.00
11.00	76.02 CARDIOVASCULAR SERVICES	0	11,042	6,378	6,378		11.00
12.00	76.08 WOUND CARE	0	4,120	2,315	2,315		12.00
13.00	76.10 INFUSION	0	0	0	4,290		13.00
14.00	76.10 INFUSION	0	0	0	4,290		14.00
15.00	76.10 INFUSION	0	0	0	4,290		15.00
16.00	76.10 INFUSION	0	0	0	2,790		16.00
17.00	76.10 INFUSION	0	0	0	5,260		17.00
18.00	91.00 EMERGENCY	0	63,945	39,755	39,755		18.00
19.00	76.10 INFUSION	0	0	0	79,335		19.00
20.00	91.00 EMERGENCY	0	0	0	4,675,829		20.00
200.00		0	176,210	106,745	5,642,273		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 5: 29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT	5,264,782	5,264,782				1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	4,225,799		4,225,799			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	14,504,088	37,464	3,344	14,544,896		4.00
5.01 01160 COMMUNICATIONS	641,493	11,893	6,254	52,807	712,447	5.01
5.02 00550 DATA PROCESSING	1,384,352	59,684	1,168,503	6,373	0	5.02
5.03 00561 PURCHASING RECEIVING AND STORES	202,094	15,156	5,897	34,164	10,080	5.03
5.04 00570 ADMINITTING	625,611	34,595	0	161,199	30,600	5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL	16,920,303	290,511	50,936	773,081	88,921	5.05
6.00 00600 MAINTENANCE & REPAIRS	4,042,862	342,048	31,473	424,628	49,321	6.00
7.00 00700 OPERATION OF PLANT	4,189,409	236,050	20,731	86,836	21,600	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	396,862	5,958	90,391	0	4,680	8.00
9.00 00900 HOUSEKEEPING	1,667,249	86,930	7,952	359,097	5,040	9.00
10.00 01000 DIETARY	686,486	61,778	27,307	72,706	9,720	10.00
11.00 01100 CAFETERIA	205,443	81,723	0	104,589	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,534,197	56,942	44,732	864,486	24,120	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	638,841	84,339	57,965	113,357	12,240	14.00
15.00 01500 PHARMACY	3,284,639	41,138	4,153	402,890	19,080	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,963,530	149,768	1,179	293,365	6,120	16.00
17.00 01700 SOCIAL SERVICE	0	8,882	0	0	0	17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	650,436	0	0	993	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	360	23.00
23.01 02301 PARAMED ED PRGM - LAB	162,335	0	0	19,961	360	23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	62,064	0	0	20,272	360	23.02
23.03 02303 PARAMED ED PRGM - RESPTHER	59,016	0	0	15,181	360	23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	590,909	0	0	152,940	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	10,191,648	1,265,845	806,753	2,383,009	113,405	30.00
31.00 03100 INTENSIVE CARE UNIT	2,391,876	152,099	76,215	612,933	18,000	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	4,687,896	0	2,277	657,185	0	40.00
43.00 04300 NURSERY	688,337	0	0	148,024	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,447,365	289,120	282,324	233,529	42,120	50.00
50.01 05001 OPEN HEART SURGERY	192,875	0	19,834	27,364	0	50.01
50.02 05002 OUTPATIENT SURGERY	1,016,644	220,847	51,089	236,712	16,560	50.02
51.00 05100 RECOVERY ROOM	299,980	0	2,042	76,856	0	51.00
53.00 05300 ANESTHESIOLOGY	2,761,800	0	146,372	19,319	3,240	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,205,720	133,616	73,249	289,978	30,600	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	1,396,063	32,256	184,699	193,059	2,160	54.01
54.02 05402 ULTRASOUND	482,668	16,057	62,299	124,449	4,680	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	724,694	16,428	297	114,091	0	55.01
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	5,256,574	109,680	0	0	16,560	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	1,193,233	0	0	0	16,200	63.00
63.01 06301 NUCLEAR MEDICINE	570,940	21,715	35,536	77,565	4,680	63.01
65.00 06500 RESPIRATORY THERAPY	1,672,042	43,572	82,936	388,259	9,720	65.00
66.00 06600 PHYSICAL THERAPY	2,176,456	112,731	2,968	353,465	19,080	66.00
67.00 06700 OCCUPATIONAL THERAPY	554,590	10,415	69	112,060	4,320	67.00
68.00 06800 SPEECH PATHOLOGY	338,343	32,272	5,487	68,382	1,080	68.00
69.00 06900 ELECTROCARDIOLOGY	369,714	18,135	64,207	86,984	5,040	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	293,110	14,729	23,464	67,426	6,840	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,153,705	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,092,179	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	14,301,705	0	0	119,260	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	5,193	7,309	54	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	1,171,706	64,354	35,504	247,722	27,360	76.02
76.03 03957 CARDIAC REHABILITATION	389,760	13,860	29,861	96,683	1,080	76.03
76.04 03190 RADIATION ONCOLOGY	874,309	144,426	189,722	162,473	0	76.04
76.05 03951 MRI	207,205	31,624	346,186	40,716	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.07 03550 PSYCH ACTIVITY THERAPY	358,953	0	0	0	0	76.07
76.08 03953 WOUND CARE	335,332	51,640	2,259	83,513	10,800	76.08
76.09 03954 RENAL DIALYSIS	526,832	99,732	0	127,447	0	76.09
76.10 03955 INFUSION	1,549,772	5,247	7,908	299,108	0	76.10
76.11 03956 CARE TRANSITION CENTER	52,288	0	0	13,953	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	201,351	0	0	45,045	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	3,837,237	123,217	92,486	2,109,263	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	2,799,053	32,462	1,033	692,423	33,120	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	138,671,948	4,668,247	4,147,947	14,267,180	669,607
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	101,600	10,699	0	10,620	1,800	190.00
190.01 19001 CONVENT	14,067	89,696	0	0	11,880	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	119,378	0	623	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	125,787	9,072	0	32,899	1,800	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	5,702,913	0	0	17,663	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	428,122	0	2,021	96,185	2,160	190.10
190.11 19011 CENTER OF HOPE	15,677	3,975	0	4,008	0	190.11
190.12 19012 SELECT	0	311,768	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	288,182	31,403	2,442	31,108	15,120	192.00
192.01 19201 WORKING WELL	647,078	0	64,376	85,233	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	139,922	8,390	0	10,080	194.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	146,114,752	5,264,782	4,225,799	14,544,896	712,447

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 5:29 pm
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Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
		5.02	5.03	5.04	5A.04	5.05		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	01160	COMMUNICATIONS					5.01	
5.02	00550	DATA PROCESSING	2,618,912				5.02	
5.03	00561	PURCHASING RECEIVING AND STORES	85,017	352,408			5.03	
5.04	00570	ADMINITTING	185,711	427	1,038,143		5.04	
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	779,352	1	0	18,903,105	5.05	
6.00	00600	MAINTENANCE & REPAIRS	0	22	0	4,890,354	6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	4,554,626	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,219	0	503,110	8.00	
9.00	00900	HOUSEKEEPING	0	30	0	2,126,298	9.00	
10.00	01000	DIETARY	0	2,310	0	860,307	10.00	
11.00	01100	CAFETERIA	0	0	0	391,755	11.00	
13.00	01300	NURSING ADMINISTRATION	30,371	666	0	4,555,514	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	20,753	0	927,495	14.00	
15.00	01500	PHARMACY	172,408	13,174	0	3,937,482	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	656,803	0	0	3,070,765	16.00	
17.00	01700	SOCIAL SERVICE	0	0	0	8,882	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	651,429	22.00	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	360	23.00	
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	182,656	23.01	
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	82,696	23.02	
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	74,557	23.03	
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	743,849	23.04	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	25,040	70,916	14,856,616	2,207,599	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,263	16,596	3,276,982	486,946	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	418	56,815	5,404,591	803,101	40.00
43.00	04300	NURSERY	0	0	737	837,098	124,389	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	55,090	87,174	34,523	2,471,245	367,217	50.00
50.01	05001	OPEN HEART SURGERY	0	6,828	2,518	249,419	37,063	50.01
50.02	05002	OUTPATIENT SURGERY	0	11,642	14,593	1,568,087	233,011	50.02
51.00	05100	RECOVERY ROOM	0	613	6,455	385,946	57,350	51.00
53.00	05300	ANESTHESIOLOGY	0	4,291	19,234	2,954,256	438,991	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	151,228	1,132	23,687	1,909,210	283,701	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	21,995	18,012	1,848,244	274,642	54.01
54.02	05402	ULTRASOUND	0	2,956	17,203	710,312	105,550	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	2,774	59,757	918,041	136,417	55.01
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	350,482	0	103,731	5,837,027	867,359	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	7,258	1,216,691	180,795	63.00
63.01	06301	NUCLEAR MEDICINE	0	154	11,029	721,619	107,230	63.01
65.00	06500	RESPIRATORY THERAPY	0	6,557	31,488	2,234,574	332,049	65.00
66.00	06600	PHYSICAL THERAPY	0	486	10,865	2,676,051	397,650	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	473	5,569	687,496	102,159	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,103	2,414	449,081	66,732	68.00
69.00	06900	ELECTROCARDIOLOGY	0	351	21,336	565,767	84,071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	429	4,376	410,374	60,980	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	33,595	3,187,300	473,620	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	12,257	3,104,436	461,307	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	240,028	14,660,993	2,178,565	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	963	108	13,627	2,025	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	84,211	31,687	1,662,544	247,047	76.02
76.03	03957	CARDIAC REHABILITATION	0	223	2,891	534,358	79,403	76.03
76.04	03190	RADIATION ONCOLOGY	0	202	12,259	1,383,391	205,566	76.04
76.05	03951	MRI	0	1,091	16,311	643,133	95,567	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	5,727	364,680	54,190	76.07
76.08	03953	WOUND CARE	0	4,907	4,107	492,558	73,192	76.08
76.09	03954	RENAL DIALYSIS	0	0	4,699	758,710	112,741	76.09
76.10	03955	INFUSION	0	6,424	19,297	1,887,756	280,513	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
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5/27/2015 5:29 pm

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
76.11	03956 CARE TRANSITION CENTER	0	0	29	66,270	9,847	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	310	1,342	248,048	36,859	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	22,410	104,575	6,289,188	934,548	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	152,450	3,607	10,119	3,724,267	553,411	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,618,912	350,629	1,038,143	137,675,226	17,649,024	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	478	0	125,197	18,604	190.00
190.01	19001 CONVENT	0	0	0	115,643	17,184	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	120,001	17,832	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	169,558	25,196	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	5,720,576	850,055	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	528,488	78,531	190.10
190.11	19011 CENTER OF HOPE	0	0	0	23,660	3,516	190.11
190.12	19012 SELECT	0	0	0	311,768	46,327	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	29	0	368,284	54,726	192.00
192.01	19201 WORKING WELL	0	1,272	0	797,959	118,574	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	158,392	23,536	194.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,618,912	352,408	1,038,143	146,114,752	18,903,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 5:29 pm			
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	5,617,041				6.00
7.00	00700	OPERATION OF PLANT	296,395	5,527,820			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,481	7,773	593,124		8.00
9.00	00900	HOUSEKEEPING	109,154	113,404	0	2,664,815	9.00
10.00	01000	DIETARY	77,572	80,592	0	39,722	10.00
11.00	01100	CAFETERIA	102,615	106,611	0	52,546	11.00
13.00	01300	NURSING ADMINISTRATION	71,499	74,283	0	36,613	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	105,899	110,023	0	54,228	14.00
15.00	01500	PHARMACY	51,655	53,666	0	26,451	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	188,055	195,377	0	96,297	16.00
17.00	01700	SOCIAL SERVICE	11,153	11,587	0	5,711	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,589,453	1,651,343	456,705	813,908	30.00
31.00	03100	INTENSIVE CARE UNIT	190,982	198,418	65,244	97,796	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	363,032	377,168	0	185,898	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	277,305	288,103	0	141,999	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	167,774	174,307	0	85,912	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	40,502	42,079	0	20,740	54.01
54.02	05402	ULTRASOUND	20,162	20,947	0	10,324	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	20,628	21,431	0	10,563	55.01
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	137,720	143,082	0	70,522	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	27,266	28,328	0	13,962	63.01
65.00	06500	RESPIRATORY THERAPY	54,711	56,841	0	28,016	65.00
66.00	06600	PHYSICAL THERAPY	141,550	147,061	0	72,483	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,077	13,587	0	6,697	67.00
68.00	06800	SPEECH PATHOLOGY	40,522	42,100	0	20,750	68.00
69.00	06900	ELECTROCARDIOLOGY	22,771	23,658	0	11,661	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,495	19,215	0	9,471	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
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	9,178	9,535	0	4,700	76.01
76.02	03140	CARDIOVASCULAR SERVICES	80,806	83,953	0	41,378	76.02
76.03	03957	CARDIAC REHABILITATION	17,403	18,081	0	8,912	76.03
76.04	03190	RADIATION ONCOLOGY	181,348	188,409	0	92,863	76.04
76.05	03951	MRI	39,709	41,255	0	20,334	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	64,841	67,366	0	33,203	76.08
76.09	03954	RENAL DIALYSIS	125,228	130,104	0	64,125	76.09
76.10	03955	INFUSION	6,588	6,845	0	3,374	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	154,716	160,741	0	79,226	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	40,760	42,347	0	20,872	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,868,005	4,749,620	521,949	2,281,257	1,043,705	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,435	13,958	0	6,879	0	190.00
190.01	19001 CONVENT	112,627	117,012	0	57,673	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	11,391	11,834	0	5,833	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	4,991	5,185	0	2,556	0	190.11
190.12	19012 SELECT	391,469	406,712	0	200,460	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	39,431	40,966	0	20,191	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	175,692	182,533	71,175	89,966	142,326	194.01
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)	5,617,041	5,527,820	593,124	2,664,815	1,186,031	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00590						5.05
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	711,740					11.00
13.00	01300	45,430	5,460,270				13.00
14.00	01400	12,712	224,231	1,572,410			14.00
15.00	01500	24,848	0	2,028	4,681,224		15.00
16.00	01600	22,595	0	0	0	4,029,392	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	182	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	1,020	0	0	0	0	23.01
23.02	02302	1,119	0	0	0	0	23.02
23.03	02303	936	0	0	0	0	23.03
23.04	02304	6,513	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	196,828	70,882	75,732	1,269	275,293	30.00
31.00	03100	35,535	1,231,227	19,361	41	64,425	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	1,918	0	220,553	40.00
43.00	04300	0	0	0	0	2,860	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	15,491	755,503	32,034	3,573	134,018	50.00
50.01	05001	931	38,508	5,089	0	9,776	50.01
50.02	05002	12,275	378,262	14,902	190	56,651	50.02
51.00	05100	3,800	166,981	1,659	2	25,059	51.00
53.00	05300	2,054	0	4,430	3,212	74,667	53.00
54.00	05400	25,789	0	4,985	1	91,951	54.00
54.01	05401	9,713	0	6,833	1	69,923	54.01
54.02	05402	4,858	0	1,890	0	66,783	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	6,572	0	24,297	0	231,973	55.01
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	402,677	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	28,174	63.00
63.01	06301	2,684	0	629	51,482	42,815	63.01
65.00	06500	22,466	0	8,256	315	122,235	65.00
66.00	06600	30,832	0	697	0	42,179	66.00
67.00	06700	5,910	0	366	0	21,618	67.00
68.00	06800	2,968	0	633	0	9,371	68.00
69.00	06900	6,307	0	1,404	67	82,825	69.00
70.00	07000	3,637	0	1,578	0	16,987	70.00
71.00	07100	0	0	600,480	0	130,413	71.00
72.00	07200	0	0	656,138	0	47,581	72.00
73.00	07300	0	0	0	4,604,802	931,143	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	29,307	824	0	419	76.01
76.02	03140	10,246	349,978	18,455	130	123,007	76.02
76.03	03957	5,233	189,131	870	0	11,221	76.03
76.04	03190	8,151	0	682	40	47,587	76.04
76.05	03951	2,236	0	3,171	0	63,320	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	22,234	76.07
76.08	03953	5,203	0	1,828	1,822	15,944	76.08
76.09	03954	0	0	0	0	18,241	76.09
76.10	03955	21,730	0	17,162	0	74,909	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03956 CARE TRANSITION CENTER	570	0	0	0	114	76.11
76.12	03958 ANTI COAGULATION CLINIC	2,248	0	1,543	0	5,211	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	72,176	2,026,260	51,369	2,103	405,954	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	39,579	0	6,079	1,541	39,281	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	671,377	5,460,270	1,567,322	4,670,591	4,029,392	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,492	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	3,191	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	1,142	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	5,672	0	399	1,981	0	190.10
190.11	19011 CENTER OF HOPE	187	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,941	0	112	1,140	0	192.00
192.01	19201 WORKING WELL	6,449	0	4,577	7,512	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	19,289	0	0	0	0	194.01
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)	711,740	5,460,270	1,572,410	4,681,224	4,029,392	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
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
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	38,653					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	748,411				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	413			23.00
23.01 02301 PARAMED PRGM - LAB	0	0	0	210,818		23.01
23.02 02302 PARAMED PRGM - RADIOLOGY	0	0	0	0	96,103	23.02
23.03 02303 PARAMED PRGM - RESP THER	0	0	0	0	0	23.03
23.04 02304 PARAMED PRGM-PHARMACY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	2,648	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	620	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	2,121	0	0	0	0	40.00
43.00 04300 NURSERY	28	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	1,289	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	94	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	545	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	241	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	718	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	884	0	0	0	91,298	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	673	0	0	0	1,922	54.01
54.02 05402 ULTRASOUND	642	0	0	0	961	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	2,231	0	0	0	1,922	55.01
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	3,873	0	0	172,871	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	271	0	0	33,731	0	63.00
63.01 06301 NUCLEAR MEDICINE	412	0	0	4,216	0	63.01
65.00 06500 RESPIRATORY THERAPY	1,176	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	406	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	208	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	90	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	797	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	163	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,254	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	458	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,854	0	413	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	4	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	1,183	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	108	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	458	0	0	0	0	76.04
76.05 03951 MRI	609	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	214	0	0	0	0	76.07
76.08 03953 WOUND CARE	153	0	0	0	0	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.09	03954 RENAL DIALYSIS	175	0	0	0	0	76.09
76.10	03955 INFUSION	720	0	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	1	0	0	0	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	50	0	0	0	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	3,904	748,411	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	378	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,653	748,411	413	210,818	96,103	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	38,653	748,411	413	210,818	96,103	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part I Date/Time Prepared: 5/27/2015 5:29 pm
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Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED PRGM - LAB						23.01
23.02	02302	PARAMED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED PRGM - RESP THER	86,572					23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	860,895				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	23,111,519	0	23,111,519	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	5,798,039	0	5,798,039	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	6,432,284	0	6,432,284	40.00
43.00	04300	NURSERY	0	0	964,375	0	964,375	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	4,706,468	0	4,706,468	50.00
50.01	05001	OPEN HEART SURGERY	0	0	340,880	0	340,880	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	2,971,330	0	2,971,330	50.02
51.00	05100	RECOVERY ROOM	0	0	641,038	0	641,038	51.00
53.00	05300	ANESTHESIOLOGY	0	0	3,478,328	0	3,478,328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	2,835,812	0	2,835,812	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	2,315,272	0	2,315,272	54.01
54.02	05402	ULTRASOUND	0	0	942,429	0	942,429	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	1,374,075	0	1,374,075	55.01
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	7,635,131	-25,120	7,610,011	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,459,662	0	1,459,662	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	1,000,643	0	1,000,643	63.01
65.00	06500	RESPIRATORY THERAPY	86,572	0	2,947,211	0	2,947,211	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,508,909	0	3,508,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	851,118	0	851,118	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	632,247	0	632,247	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	799,328	0	799,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	540,900	0	540,900	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,393,067	0	4,393,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,269,920	0	4,269,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	860,895	23,245,665	0	23,245,665	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	69,619	0	69,619	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	2,618,727	0	2,618,727	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	864,720	0	864,720	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	2,108,495	0	2,108,495	76.04
76.05	03951	MRI	0	0	909,334	0	909,334	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	441,318	0	441,318	76.07
76.08	03953	WOUND CARE	0	0	756,110	0	756,110	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
76.09	03954 RENAL DIALYSIS	0	0	1,209,324	0	1,209,324	76.09
76.10	03955 INFUSION	0	0	2,299,597	0	2,299,597	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	76,802	0	76,802	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	0	293,959	0	293,959	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	10,928,596	-748,411	10,180,185	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	0	4,468,515	0	4,468,515	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	86,572	860,895	134,240,766	-773,531	133,467,235	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	179,565	0	179,565	190.00
190.01	19001 CONVENT	0	0	420,139	0	420,139	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	137,833	0	137,833	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	227,003	0	227,003	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	6,571,773	0	6,571,773	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	615,071	0	615,071	190.10
190.11	19011 CENTER OF HOPE	0	0	40,095	0	40,095	190.11
190.12	19012 SELECT	0	0	1,356,736	0	1,356,736	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	527,791	0	527,791	192.00
192.01	19201 WORKING WELL	0	0	935,071	0	935,071	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	862,909	0	862,909	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	86,572	860,895	146,114,752	-773,531	145,341,221	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:29 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			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	37,464	3,344	40,808	40,808 4.00
5.01 01160	COMMUNICATIONS	0	11,893	6,254	18,147	148 5.01
5.02 00550	DATA PROCESSING	0	59,684	1,168,503	1,228,187	18 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	0	15,156	5,897	21,053	96 5.03
5.04 00570	ADMITTING	0	34,595	0	34,595	452 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	0	290,511	50,936	341,447	2,170 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	342,048	31,473	373,521	1,192 6.00
7.00 00700	OPERATION OF PLANT	0	236,050	20,731	256,781	244 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,958	90,391	96,349	0 8.00
9.00 00900	HOUSEKEEPING	0	86,930	7,952	94,882	1,008 9.00
10.00 01000	DIETARY	0	61,778	27,307	89,085	204 10.00
11.00 01100	CAFETERIA	0	81,723	0	81,723	294 11.00
13.00 01300	NURSING ADMINISTRATION	0	56,942	44,732	101,674	2,427 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	84,339	57,965	142,304	318 14.00
15.00 01500	PHARMACY	0	41,138	4,153	45,291	1,131 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	149,768	1,179	150,947	823 16.00
17.00 01700	SOCIAL SERVICE	0	8,882	0	8,882	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	0	0	56 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	57 23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	43 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	429 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,265,845	806,753	2,072,598	6,673 30.00
31.00 03100	INTENSIVE CARE UNIT	0	152,099	76,215	228,314	1,720 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	2,277	2,277	1,845 40.00
43.00 04300	NURSERY	0	0	0	0	415 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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	289,120	282,324	571,444	655 50.00
50.01 05001	OPEN HEART SURGERY	0	0	19,834	19,834	77 50.01
50.02 05002	OUTPATIENT SURGERY	0	220,847	51,089	271,936	664 50.02
51.00 05100	RECOVERY ROOM	0	0	2,042	2,042	216 51.00
53.00 05300	ANESTHESIOLOGY	0	0	146,372	146,372	54 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	133,616	73,249	206,865	814 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	32,256	184,699	216,955	542 54.01
54.02 05402	ULTRASOUND	0	16,057	62,299	78,356	349 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	16,428	297	16,725	320 55.01
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	109,680	0	109,680	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	21,715	35,536	57,251	218 63.01
65.00 06500	RESPIRATORY THERAPY	0	43,572	82,936	126,508	1,090 65.00
66.00 06600	PHYSICAL THERAPY	0	112,731	2,968	115,699	992 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,415	69	10,484	315 67.00
68.00 06800	SPEECH PATHOLOGY	0	32,272	5,487	37,759	192 68.00
69.00 06900	ELECTROCARDIOLOGY	0	18,135	64,207	82,342	244 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,729	23,464	38,193	189 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	335 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	0	7,309	54	7,363	0 76.01
76.02 03140	CARDIOVASCULAR SERVICES	0	64,354	35,504	99,858	695 76.02
76.03 03957	CARDIAC REHABILITATION	0	13,860	29,861	43,721	271 76.03
76.04 03190	RADIATION ONCOLOGY	0	144,426	189,722	334,148	456 76.04
76.05 03951	MRI	0	31,624	346,186	377,810	114 76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT				
		BLDG & FIXT	MVBLE EQUIP						
		1.00	2.00				2A	4.00	
76.08 03953 WOUND CARE	0	51,640	2,259	53,899	234	76.08			
76.09 03954 RENAL DIALYSIS	0	99,732	0	99,732	358	76.09			
76.10 03955 INFUSION	0	5,247	7,908	13,155	840	76.10			
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	39	76.11			
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	126	76.12			
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00			
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00			
90.00 09000 CLINIC	0	0	0	0	0	90.00			
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01			
91.00 09100 EMERGENCY	0	123,217	92,486	215,703	5,920	91.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>									
99.00 09900 CMHC	0	0	0	0	0	99.00			
99.10 09910 CORF	0	0	0	0	0	99.10			
101.00 10100 HOME HEALTH AGENCY	0	32,462	1,033	33,495	1,944	101.00			
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00			
118.00		SUBTOTALS (SUM OF LINES 1-117)		0	4,668,247	4,147,947	8,816,194	40,029	118.00
<b>NONREIMBURSABLE COST CENTERS</b>									
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,699	0	10,699	30	190.00			
190.01 19001 CONVENT	0	89,696	0	89,696	0	190.01			
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02			
190.03 19003 MEDICAL ARTS BUILDING	0	0	623	623	0	190.03			
190.04 19004 WOMEN'S HEALTH CENTER	0	9,072	0	9,072	92	190.04			
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05			
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06			
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07			
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08			
190.09 19009 MDWISE	0	0	0	0	50	190.09			
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	2,021	2,021	270	190.10			
190.11 19011 CENTER OF HOPE	0	3,975	0	3,975	11	190.11			
190.12 19012 SELECT	0	311,768	0	311,768	0	190.12			
190.13 19013 PERCINI AS	0	0	0	0	0	190.13			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	31,403	2,442	33,845	87	192.00			
192.01 19201 WORKING WELL	0	0	64,376	64,376	239	192.01			
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00			
194.01 07951 REHAB	0	139,922	8,390	148,312	0	194.01			
200.00		Cross Foot Adjustments		0	0	200.00			
201.00		Negative Cost Centers		0	0	201.00			
202.00		TOTAL (sum lines 118-201)		0	5,264,782	4,225,799	9,490,581	40,808	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	01160	COMMUNICATIONS	18,295					5.01
5.02	00550	DATA PROCESSING	0	1,228,205				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	259	39,871	61,279			5.03
5.04	00570	ADMINITTING	786	87,094	74	123,001		5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	2,283	365,498	0	0	711,398	5.05
6.00	00600	MAINTENANCE & REPAIRS	1,267	0	4	0	27,347	6.00
7.00	00700	OPERATION OF PLANT	555	0	0	0	25,469	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	120	0	908	0	2,813	8.00
9.00	00900	HOUSEKEEPING	129	0	5	0	11,890	9.00
10.00	01000	DIETARY	250	0	402	0	4,811	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,191	11.00
13.00	01300	NURSING ADMINISTRATION	619	14,243	116	0	25,474	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	314	0	3,609	0	5,187	14.00
15.00	01500	PHARMACY	490	80,855	2,291	0	22,018	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	157	308,024	0	0	17,172	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	50	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	3,643	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	9	0	0	0	2	23.00
23.01	02301	PARAMED ED PRGM - LAB	9	0	0	0	1,021	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	9	0	0	0	462	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	9	0	0	0	417	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	4,160	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,914	0	4,354	8,408	83,114	30.00
31.00	03100	INTENSIVE CARE UNIT	462	0	1,611	1,968	18,325	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	73	6,736	30,222	40.00
43.00	04300	NURSERY	0	0	0	87	4,681	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,082	25,836	15,157	4,093	13,819	50.00
50.01	05001	OPEN HEART SURGERY	0	0	1,187	299	1,395	50.01
50.02	05002	OUTPATIENT SURGERY	425	0	2,024	1,730	8,769	50.02
51.00	05100	RECOVERY ROOM	0	0	107	765	2,158	51.00
53.00	05300	ANESTHESIOLOGY	83	0	746	2,281	16,520	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	786	70,922	197	2,808	10,676	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	55	0	3,825	2,136	10,335	54.01
54.02	05402	ULTRASOUND	120	0	514	2,040	3,972	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	482	7,085	5,134	55.01
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	425	164,367	0	12,299	32,641	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	416	0	0	861	6,804	63.00
63.01	06301	NUCLEAR MEDICINE	120	0	27	1,308	4,035	63.01
65.00	06500	RESPIRATORY THERAPY	250	0	1,140	3,733	12,496	65.00
66.00	06600	PHYSICAL THERAPY	490	0	85	1,288	14,964	66.00
67.00	06700	OCCUPATIONAL THERAPY	111	0	82	660	3,844	67.00
68.00	06800	SPEECH PATHOLOGY	28	0	192	286	2,511	68.00
69.00	06900	ELECTROCARDIOLOGY	129	0	61	2,530	3,164	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	176	0	75	519	2,295	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	3,983	17,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,453	17,360	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	28,373	81,984	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	0	0	167	13	76	76.01
76.02	03140	CARDIOVASCULAR SERVICES	703	0	14,643	3,757	9,297	76.02
76.03	03957	CARDIAC REHABILITATION	28	0	39	343	2,988	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	35	1,453	7,736	76.04
76.05	03951	MRI	0	0	190	1,934	3,596	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	679	2,039	76.07
76.08	03953	WOUND CARE	277	0	853	487	2,754	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	557	4,243	76.09
76.10	03955	INFUSION	0	0	1,117	2,288	10,556	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
76.11	03956	CARE TRANSITION CENTER	0	0	0	3	371	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	54	159	1,387	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	3,897	12,399	35,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	851	71,495	627	1,200	20,826	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,196	1,228,205	60,970	123,001	664,206	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46	0	83	0	700	190.00
190.01	19001	CONVENT	305	0	0	0	647	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	671	190.03
190.04	19004	WOMEN'S HEALTH CENTER	46	0	0	0	948	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	31,989	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	55	0	0	0	2,955	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	132	190.11
190.12	19012	SELECT	0	0	0	0	1,743	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	388	0	5	0	2,059	192.00
192.01	19201	WORKING WELL	0	0	221	0	4,462	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	259	0	0	0	886	194.01
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)	18,295	1,228,205	61,279	123,001	711,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS	403,331				6.00
7.00	00700	OPERATION OF PLANT	21,283	304,332			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	537	428	101,155		8.00
9.00	00900	HOUSEKEEPING	7,838	6,243	0	121,995	9.00
10.00	01000	DIETARY	5,570	4,437	0	1,818	106,577
11.00	01100	CAFETERIA	7,368	5,869	0	2,406	0
13.00	01300	NURSING ADMINISTRATION	5,134	4,090	0	1,676	0
14.00	01400	CENTRAL SERVICES & SUPPLY	7,604	6,057	0	2,483	0
15.00	01500	PHARMACY	3,709	2,955	0	1,211	0
16.00	01600	MEDICAL RECORDS & LIBRARY	13,503	10,756	0	4,408	0
17.00	01700	SOCIAL SERVICE	801	638	0	261	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	114,131	90,917	77,889	37,261	82,065
31.00	03100	INTENSIVE CARE UNIT	13,713	10,924	11,127	4,477	11,723
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	26,067	20,765	0	8,510	0
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0
50.02	05002	OUTPATIENT SURGERY	19,912	15,861	0	6,501	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,047	9,596	0	3,933	0
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,908	2,317	0	949	0
54.02	05402	ULTRASOUND	1,448	1,153	0	473	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	1,481	1,180	0	484	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	9,889	7,877	0	3,228	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	1,958	1,560	0	639	0
65.00	06500	RESPIRATORY THERAPY	3,929	3,129	0	1,283	0
66.00	06600	PHYSICAL THERAPY	10,164	8,096	0	3,318	0
67.00	06700	OCCUPATIONAL THERAPY	939	748	0	307	0
68.00	06800	SPEECH PATHOLOGY	2,910	2,318	0	950	0
69.00	06900	ELECTROCARDIOLOGY	1,635	1,302	0	534	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,328	1,058	0	434	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03950	ORTHOPEDICS	659	525	0	215	0
76.02	03140	CARDIOVASCULAR SERVICES	5,802	4,622	0	1,894	0
76.03	03957	CARDIAC REHABILITATION	1,250	995	0	408	0
76.04	03190	RADIATION ONCOLOGY	13,022	10,373	0	4,251	0
76.05	03951	MRI	2,851	2,271	0	931	0
76.06	03952	BARIATRIC CENTER	0	0	0	0	0
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03953	WOUND CARE	4,656	3,709	0	1,520	0
76.09	03954	RENAL DIALYSIS	8,992	7,163	0	2,936	0
76.10	03955	INFUSION	473	377	0	154	0
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
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5/27/2015 5:29 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
76.12	03958 ANTI COAGULATION CLINIC	6.00	7.00	8.00	9.00	10.00	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	11,109	8,850	0	3,627	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,927	2,331	0	956	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	349,547	261,490	89,016	104,436	93,788	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	965	768	0	315	0	190.00
190.01	19001 CONVENT	8,087	6,442	0	2,640	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	818	652	0	267	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	358	285	0	117	0	190.11
190.12	19012 SELECT	28,109	22,391	0	9,177	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,831	2,255	0	924	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	12,616	10,049	12,139	4,119	12,789	194.01
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)	403,331	304,332	101,155	121,995	106,577	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet B Part II Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00590						5.05
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	99,851					11.00
13.00	01300	6,373	161,826				13.00
14.00	01400	1,783	6,646	176,305			14.00
15.00	01500	3,486	0	227	163,664		15.00
16.00	01600	3,170	0	0	0	508,960	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	25	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	143	0	0	0	0	23.01
23.02	02302	157	0	0	0	0	23.02
23.03	02303	131	0	0	0	0	23.03
23.04	02304	914	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	27,613	2,101	8,491	44	34,778	30.00
31.00	03100	4,985	36,490	2,171	1	8,139	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	215	0	27,863	40.00
43.00	04300	0	0	0	0	361	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,173	22,391	3,592	125	16,931	50.00
50.01	05001	131	1,141	571	0	1,235	50.01
50.02	05002	1,722	11,211	1,671	7	7,157	50.02
51.00	05100	533	4,949	186	0	3,166	51.00
53.00	05300	288	0	497	112	9,433	53.00
54.00	05400	3,618	0	559	0	11,616	54.00
54.01	05401	1,363	0	766	0	8,833	54.01
54.02	05402	682	0	212	0	8,437	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	922	0	2,724	0	29,306	55.01
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	50,871	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	3,559	63.00
63.01	06301	377	0	70	1,800	5,409	63.01
65.00	06500	3,152	0	926	11	15,442	65.00
66.00	06600	4,325	0	78	0	5,329	66.00
67.00	06700	829	0	41	0	2,731	67.00
68.00	06800	416	0	71	0	1,184	68.00
69.00	06900	885	0	157	2	10,463	69.00
70.00	07000	510	0	177	0	2,146	70.00
71.00	07100	0	0	67,329	0	16,475	71.00
72.00	07200	0	0	73,568	0	6,011	72.00
73.00	07300	0	0	0	160,992	117,554	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	0	869	92	0	53	76.01
76.02	03140	1,437	10,372	2,069	5	15,540	76.02
76.03	03957	734	5,605	98	0	1,418	76.03
76.04	03190	1,144	0	76	0	6,012	76.04
76.05	03951	314	0	356	0	7,999	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	0	2,809	76.07
76.08	03953	730	0	205	64	2,014	76.08
76.09	03954	0	0	0	0	2,304	76.09
76.10	03955	3,049	0	1,924	0	9,463	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

Period:  
From 01/01/2014  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03956 CARE TRANSITION CENTER	80	0	0	0	14	76.11
76.12	03958 ANTI COAGULATION CLINIC	315	0	173	0	658	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	10,126	60,051	5,760	74	51,285	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,553	0	682	54	4,962	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	94,188	161,826	175,734	163,292	508,960	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	209	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	448	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	160	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	796	0	45	69	0	190.10
190.11	19011 CENTER OF HOPE	26	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	413	0	13	40	0	192.00
192.01	19201 WORKING WELL	905	0	513	263	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	2,706	0	0	0	0	194.01
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)	99,851	161,826	176,305	163,664	508,960	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:29 pm		
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	01160	COMMUNICATIONS				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00561	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL				5.05
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
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	10,632			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	3,671		22.00
23.00	02300	PARAMED PRGM - (SPECIFY)	0		11	23.00
23.01	02301	PARAMED PRGM - LAB	0		1,229	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0			23.02
23.03	02303	PARAMED PRGM - RESP THER	0			23.03
23.04	02304	PARAMED PRGM-PHARMACY	0			23.04
23.04						685
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	716			30.00
31.00	03100	INTENSIVE CARE UNIT	167			31.00
32.00	02060	CORONARY CARE UNIT	0			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0			35.00
40.00	04000	SUBPROVIDER - IPF	573			40.00
43.00	04300	NURSERY	7			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	348			50.00
50.01	05001	OPEN HEART SURGERY	25			50.01
50.02	05002	OUTPATIENT SURGERY	147			50.02
51.00	05100	RECOVERY ROOM	65			51.00
53.00	05300	ANESTHESIOLOGY	194			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	239			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	182			54.01
54.02	05402	ULTRASOUND	174			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	603			55.01
57.00	05700	CT SCAN	0			57.00
58.00	05800	MRI	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	1,047			60.00
60.01	06001	BLOOD LABORATORY	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	73			63.00
63.01	06301	NUCLEAR MEDICINE	111			63.01
65.00	06500	RESPIRATORY THERAPY	318			65.00
66.00	06600	PHYSICAL THERAPY	110			66.00
67.00	06700	OCCUPATIONAL THERAPY	56			67.00
68.00	06800	SPEECH PATHOLOGY	24			68.00
69.00	06900	ELECTROCARDIOLOGY	215			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	44			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	339			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	124			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,580			73.00
76.00	03020	PAIN CLINIC	0			76.00
76.01	03950	ORTHOPEDICS	1			76.01
76.02	03140	CARDIOVASCULAR SERVICES	320			76.02
76.03	03957	CARDIAC REHABILITATION	29			76.03
76.04	03190	RADIATION ONCOLOGY	124			76.04
76.05	03951	MRI	165			76.05
76.06	03952	BARIATRIC CENTER	0			76.06
76.07	03550	PSYCH ACTIVITY THERAPY	58			76.07
76.08	03953	WOUND CARE	41			76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.09	03954 RENAL DIALYSIS	47					76.09
76.10	03955 INFUSION	195					76.10
76.11	03956 CARE TRANSITION CENTER	0					76.11
76.12	03958 ANTICOAGULATION CLINIC	14					76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000 CLINIC	0					90.00
90.01	09001 OCC HEALTH CLINIC	0					90.01
91.00	09100 EMERGENCY	1,055					91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0					99.00
99.10	09910 CORF	0					99.10
101.00	10100 HOME HEALTH AGENCY	102					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,632	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001 CONVENT	0					190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0					190.02
190.03	19003 MEDICAL ARTS BUILDING	0					190.03
190.04	19004 WOMEN'S HEALTH CENTER	0					190.04
190.05	19005 DEVELOPMENT	0					190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07	19007 IMAGE RECOVERY	0					190.07
190.08	19008 FAMILY SERVICES	0					190.08
190.09	19009 MDWISE	0					190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0					190.10
190.11	19011 CENTER OF HOPE	0					190.11
190.12	19012 SELECT	0					190.12
190.13	19013 PERCINI AS	0					190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19201 WORKING WELL	0					192.01
193.00	19300 NONPAID WORKERS	0					193.00
194.01	07951 REHAB	0					194.01
200.00	Cross Foot Adjustments		3,671	11	1,229	685	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,632	3,671	11	1,229	685	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet B Part II Date/Time Prepared: 5/27/2015 5:29 pm		
Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.03	23.04	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED PRGM - LAB					23.01
23.02	02302	PARAMED PRGM - RADIOLOGY					23.02
23.03	02303	PARAMED PRGM - RESP THER	600				23.03
23.04	02304	PARAMED PRGM-PHARMACY		5,503			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			2,654,067	0	30.00
31.00	03100	INTENSIVE CARE UNIT			356,317	0	31.00
32.00	02060	CORONARY CARE UNIT			0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			0	0	35.00
40.00	04000	SUBPROVIDER - IPF			69,804	0	40.00
43.00	04300	NURSERY			5,551	0	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	44.00
45.00	04500	NURSING FACILITY			0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			732,988	0	50.00
50.01	05001	OPEN HEART SURGERY			25,895	0	50.01
50.02	05002	OUTPATIENT SURGERY			349,737	0	50.02
51.00	05100	RECOVERY ROOM			14,187	0	51.00
53.00	05300	ANESTHESIOLOGY			176,580	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			334,676	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES			251,166	0	54.01
54.02	05402	ULTRASOUND			97,930	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY			66,446	0	55.01
57.00	05700	CT SCAN			0	0	57.00
58.00	05800	MRI			0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00	06000	LABORATORY			392,324	0	60.00
60.01	06001	BLOOD LABORATORY			0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			11,713	0	63.00
63.01	06301	NUCLEAR MEDICINE			74,883	0	63.01
65.00	06500	RESPIRATORY THERAPY			173,407	0	65.00
66.00	06600	PHYSICAL THERAPY			164,938	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			21,147	0	67.00
68.00	06800	SPEECH PATHOLOGY			48,841	0	68.00
69.00	06900	ELECTROCARDIOLOGY			103,663	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			47,144	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			105,949	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			98,516	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			391,818	0	73.00
76.00	03020	PAIN CLINIC			0	0	76.00
76.01	03950	ORTHOPEDICS			10,033	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES			171,014	0	76.02
76.03	03957	CARDIAC REHABILITATION			57,927	0	76.03
76.04	03190	RADIATION ONCOLOGY			378,831	0	76.04
76.05	03951	MRI			398,531	0	76.05
76.06	03952	BARITRIC CENTER			0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY			5,585	0	76.07
76.08	03953	WOUND CARE			71,443	0	76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
76.09	03954 RENAL DIALYSIS			126,332	0	126,332	76.09
76.10	03955 INFUSION			43,591	0	43,591	76.10
76.11	03956 CARE TRANSITION CENTER			507	0	507	76.11
76.12	03958 ANTICOAGULATION CLINIC			2,886	0	2,886	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000 CLINIC			0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC			0	0	0	90.01
91.00	09100 EMERGENCY			425,025	0	425,025	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC			0	0	0	99.00
99.10	09910 CORF			0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY			148,005	0	148,005	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	8,609,397	0	8,609,397	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			13,815	0	13,815	190.00
190.01	19001 CONVENT			107,817	0	107,817	190.01
190.02	19002 HOME MEDICAL EQUIPMENT			0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING			1,294	0	1,294	190.03
190.04	19004 WOMEN'S HEALTH CENTER			12,343	0	12,343	190.04
190.05	19005 DEVELOPMENT			0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES			0	0	0	190.06
190.07	19007 IMAGE RECOVERY			0	0	0	190.07
190.08	19008 FAMILY SERVICES			0	0	0	190.08
190.09	19009 MDWISE			32,199	0	32,199	190.09
190.10	19010 CATHERINE MCAULEY CLINIC			6,211	0	6,211	190.10
190.11	19011 CENTER OF HOPE			4,904	0	4,904	190.11
190.12	19012 SELECT			373,188	0	373,188	190.12
190.13	19013 PERCINI AS			0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES			42,860	0	42,860	192.00
192.01	19201 WORKING WELL			70,979	0	70,979	192.01
193.00	19300 NONPAID WORKERS			0	0	0	193.00
194.01	07951 REHAB			203,875	0	203,875	194.01
200.00	Cross Foot Adjustments	600	5,503	11,699	0	11,699	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	600	5,503	9,490,581	0	9,490,581	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	666,255				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		4,145,619			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	4,741	3,281	54,507,208		4.00
5.01 01160	COMMUNICATIONS	1,505	6,135	197,896	1,319,341	5.01
5.02 00550	DATA PROCESSING	7,553	1,146,330	23,882	0	1,056,600 5.02
5.03 00561	PURCHASING RECEIVING AND STORES	1,918	5,785	128,030	18,667	34,300 5.03
5.04 00570	ADMINISTRATIVE	4,378	0	604,093	56,667	74,925 5.04
5.05 00590	OTHER ADMINISTRATIVE AND GENERAL	36,764	49,970	2,897,127	164,668	314,430 5.05
6.00 00600	MAINTENANCE & REPAIRS	43,286	30,876	1,591,296	91,334	0 6.00
7.00 00700	OPERATION OF PLANT	29,872	20,338	325,419	40,000	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	754	88,676	0	8,667	0 8.00
9.00 00900	HOUSEKEEPING	11,001	7,801	1,345,718	9,333	0 9.00
10.00 01000	DIETARY	7,818	26,789	272,465	18,000	0 10.00
11.00 01100	CAFETERIA	10,342	0	391,948	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	7,206	43,883	3,239,667	44,667	12,253 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,673	56,865	424,808	22,667	0 14.00
15.00 01500	PHARMACY	5,206	4,074	1,509,834	35,334	69,558 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,953	1,157	1,099,387	11,333	264,987 16.00
17.00 01700	SOCIAL SERVICE	1,124	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	3,722	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	667	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	74,805	667	0 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	75,971	667	0 23.02
23.03 02303	PARAMED ED PRGM - RESPIRATORY	0	0	56,892	667	0 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	573,143	0	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	160,192	791,446	8,930,441	209,999	0 30.00
31.00 03100	INTENSIVE CARE UNIT	19,248	74,769	2,296,971	33,334	0 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	0	2,234	2,462,807	0	0 40.00
43.00 04300	NURSERY	0	0	554,720	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	36,588	276,967	875,153	78,000	22,226 50.00
50.01 05001	OPEN HEART SURGERY	0	19,458	102,548	0	0 50.01
50.02 05002	OUTPATIENT SURGERY	27,948	50,120	887,079	30,667	0 50.02
51.00 05100	RECOVERY ROOM	0	2,003	288,019	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	143,595	72,398	6,000	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,909	71,859	1,086,696	56,667	61,013 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	4,082	181,195	723,491	4,000	0 54.01
54.02 05402	ULTRASOUND	2,032	61,117	466,372	8,667	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	2,079	291	427,558	0	0 55.01
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	13,880	0	0	30,667	141,402 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	30,000	0 63.00
63.01 06301	NUCLEAR MEDICINE	2,748	34,862	290,675	8,667	0 63.01
65.00 06500	RESPIRATORY THERAPY	5,514	81,362	1,455,005	18,000	0 65.00
66.00 06600	PHYSICAL THERAPY	14,266	2,912	1,324,614	35,334	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,318	68	419,945	8,000	0 67.00
68.00 06800	SPEECH PATHOLOGY	4,084	5,383	256,261	2,000	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,295	62,989	325,973	9,333	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,864	23,019	252,681	12,667	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	446,928	0	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03950	ORTHOPEDICS	925	53	0	0	0 76.01
76.02 03140	CARDIOVASCULAR SERVICES	8,144	34,830	928,339	50,667	0 76.02
76.03 03957	CARDIAC REHABILITATION	1,754	29,294	362,320	2,000	0 76.03
76.04 03190	RADIATION ONCOLOGY	18,277	186,122	608,867	0	0 76.04
76.05 03951	MRI	4,002	339,617	152,583	0	0 76.05
76.06 03952	BARIATRIC CENTER	0	0	0	0	0 76.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953 WOUND CARE	6,535	2,216	312,966	20,000	0	76.08
76.09	03954 RENAL DIALYSIS	12,621	0	477,609	0	0	76.09
76.10	03955 INFUSION	664	7,758	1,120,908	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	52,288	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	168,807	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	90,731	7,904,479	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	1,013	2,594,861	61,334	61,506	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	590,764	4,069,243	53,466,465	1,240,008	1,056,600	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	39,800	3,333	0	190.00
190.01	19001 CONVENT	11,351	0	0	22,000	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	611	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	123,291	3,333	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	66,191	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	1,983	360,453	4,000	0	190.10
190.11	19011 CENTER OF HOPE	503	0	15,021	0	0	190.11
190.12	19012 SELECT	39,454	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	2,396	116,577	28,000	0	192.00
192.01	19201 WORKING WELL	0	63,155	319,410	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	8,231	0	18,667	0	194.01
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)	5,264,782	4,225,799	14,544,896	712,447	2,618,912	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.902053	1.019341	0.266844	0.540002	2.478622	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			40,808	18,295	1,228,205	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000749	0.013867	1.162412	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00561	8,261,079					5.03
5.04	00570	10,021	523,702,296				5.04
5.05	00590	30	0	-18,903,105	127,211,647		5.05
6.00	00600	510	0	0	4,890,354	566,110	6.00
7.00	00700	0	0	0	4,554,626	29,872	7.00
8.00	00800	122,339	0	0	503,110	754	8.00
9.00	00900	703	0	0	2,126,298	11,001	9.00
10.00	01000	54,144	0	0	860,307	7,818	10.00
11.00	01100	0	0	0	391,755	10,342	11.00
13.00	01300	15,604	0	0	4,555,514	7,206	13.00
14.00	01400	486,479	0	0	927,495	10,673	14.00
15.00	01500	308,828	0	0	3,937,482	5,206	15.00
16.00	01600	2	0	0	3,070,765	18,953	16.00
17.00	01700	0	0	0	8,882	1,124	17.00
22.00	02200	0	0	0	651,429	0	22.00
23.00	02300	0	0	0	360	0	23.00
23.01	02301	0	0	0	182,656	0	23.01
23.02	02302	0	0	0	82,696	0	23.02
23.03	02303	0	0	0	74,557	0	23.03
23.04	02304	0	0	0	743,849	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	586,979	35,780,187	0	14,856,616	160,192	30.00
31.00	03100	217,143	8,373,356	0	3,276,982	19,248	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	9,787	28,665,563	0	5,404,591	0	40.00
43.00	04300	0	371,688	0	837,098	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,043,535	17,418,477	0	2,471,245	36,588	50.00
50.01	05001	160,066	1,270,579	0	249,419	0	50.01
50.02	05002	272,910	7,363,012	0	1,568,087	27,948	50.02
51.00	05100	14,375	3,256,998	0	385,946	0	51.00
53.00	05300	100,599	9,704,511	0	2,954,256	0	53.00
54.00	05400	26,542	11,950,995	0	1,909,210	16,909	54.00
54.01	05401	515,595	9,087,960	0	1,848,244	4,082	54.01
54.02	05402	69,298	8,679,821	0	710,312	2,032	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	65,035	30,149,797	0	918,041	2,079	55.01
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	52,336,454	0	5,837,027	13,880	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	3,661,809	0	1,216,691	0	63.00
63.01	06301	3,611	5,564,790	0	721,619	2,748	63.01
65.00	06500	153,719	15,887,109	0	2,234,574	5,514	65.00
66.00	06600	11,401	5,482,033	0	2,676,051	14,266	66.00
67.00	06700	11,081	2,809,707	0	687,496	1,318	67.00
68.00	06800	25,853	1,217,950	0	449,081	4,084	68.00
69.00	06900	8,231	10,764,843	0	565,767	2,295	69.00
70.00	07000	10,047	2,207,838	0	410,374	1,864	70.00
71.00	07100	0	16,950,009	0	3,187,300	0	71.00
72.00	07200	0	6,184,133	0	3,104,436	0	72.00
73.00	07300	0	121,018,860	0	14,660,993	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	22,571	54,502	0	13,627	925	76.01
76.02	03140	1,974,045	15,987,377	0	1,662,544	8,144	76.02
76.03	03957	5,216	1,458,421	0	534,358	1,754	76.03
76.04	03190	4,742	6,184,936	0	1,383,391	18,277	76.04
76.05	03951	25,577	8,229,777	0	643,133	4,002	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	2,889,726	0	364,680	0	76.07
76.08	03953	115,022	2,072,275	0	492,558	6,535	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
76.09	03954 RENAL DIALYSIS	0	2,370,748	0	758,710	12,621	76.09
76.10	03955 INFUSION	150,593	9,736,043	0	1,887,756	664	76.10
76.11	03956 CARE TRANSITION CENTER	0	14,859	0	66,270	0	76.11
76.12	03958 ANTICOAGULATION CLINIC	7,271	677,302	0	248,048	0	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	525,329	52,762,470	0	6,289,188	15,593	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	84,559	5,105,381	0	3,724,267	4,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,219,392	523,702,296	-18,903,105	118,772,121	490,619	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,202	0	0	125,197	1,354	190.00
190.01	19001 CONVENT	0	0	0	115,643	11,351	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	120,001	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	169,558	1,148	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	5,720,576	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	528,488	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	23,660	503	190.11
190.12	19012 SELECT	0	0	0	311,768	39,454	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	676	0	0	368,284	3,974	192.00
192.01	19201 WORKING WELL	29,809	0	0	797,959	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	158,392	17,707	194.01
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)	352,408	1,038,143		18,903,105	5,617,041	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.042659	0.001982		0.148596	9.922172	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	61,279	123,001		711,398	403,331	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007418	0.000235		0.005592	0.712460	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	01160	COMMUNICATIONS					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00561	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMINISTRATIVE					5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	536,238				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	634,298			8.00
9.00	00900	HOUSEKEEPING	11,001	0	524,483		9.00
10.00	01000	DIETARY	7,818	0	7,818	191,239	10.00
11.00	01100	CAFETERIA	10,342	0	10,342	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,206	0	7,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	14.00
15.00	01500	PHARMACY	5,206	0	5,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	16.00
17.00	01700	SOCIAL SERVICE	1,124	0	1,124	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM - (SPECFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	160,192	488,409	160,192	147,254	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	69,773	19,248	21,036	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,588	0	36,588	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	0	27,948	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,909	0	16,909	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	4,082	0	4,082	0	54.01
54.02	05402	ULTRASOUND	2,032	0	2,032	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	0	2,079	0	55.01
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	13,880	0	13,880	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	0	2,748	0	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	0	5,514	0	65.00
66.00	06600	PHYSICAL THERAPY	14,266	0	14,266	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	1,318	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	0	4,084	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	0	2,295	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	0	1,864	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
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03950	ORTHOPEDICS	925	0	925	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	8,144	0	8,144	0	76.02
76.03	03957	CARDIAC REHABILITATION	1,754	0	1,754	0	76.03
76.04	03190	RADIATION ONCOLOGY	18,277	0	18,277	0	76.04
76.05	03951	MRI	4,002	0	4,002	0	76.05
76.06	03952	BARITRIC CENTER	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03953	WOUND CARE	6,535	0	6,535	0	76.08
76.09	03954	RENAL DIALYSIS	12,621	0	12,621	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
76.10	03955 INFUSION	664	0	664	0	42,579	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	0	1,116	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	0	0	0	4,405	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	0	15,593	0	141,426	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	0	4,108	0	77,554	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	460,747	558,182	448,992	168,290	1,315,536	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	1,354	0	2,924	190.00
190.01	19001 CONVENT	11,351	0	11,351	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	1,148	0	6,252	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	2,237	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	11,115	190.10
190.11	19011 CENTER OF HOPE	503	0	503	0	366	190.11
190.12	19012 SELECT	39,454	0	39,454	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	0	3,974	0	5,763	192.00
192.01	19201 WORKING WELL	0	0	0	0	12,637	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	76,116	17,707	22,949	37,796	194.01
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)	5,527,820	593,124	2,664,815	1,186,031	711,740	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	10.308520	0.935087	5.080842	6.201826	0.510345	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	304,332	101,155	121,995	106,577	99,851	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.567532	0.159476	0.232600	0.557297	0.071597	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	01160						5.01
5.02	00550						5.02
5.03	00561						5.03
5.04	00570						5.04
5.05	00590						5.05
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
13.00	01300	16,023					13.00
14.00	01400	658	7,410,304				14.00
15.00	01500	0	9,556	15,159,928			15.00
16.00	01600	0	2	0	523,702,296		16.00
17.00	01700	0	0	0	0	523,702,296	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	208	356,904	4,109	35,780,187	35,780,187	30.00
31.00	03100	3,613	91,242	133	8,373,356	8,373,356	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	9,038	0	28,665,563	28,665,563	40.00
43.00	04300	0	0	0	371,688	371,688	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,217	150,967	11,571	17,418,477	17,418,477	50.00
50.01	05001	113	23,982	0	1,270,579	1,270,579	50.01
50.02	05002	1,110	70,231	616	7,363,012	7,363,012	50.02
51.00	05100	490	7,818	8	3,256,998	3,256,998	51.00
53.00	05300	0	20,878	10,401	9,704,511	9,704,511	53.00
54.00	05400	0	23,494	2	11,950,995	11,950,995	54.00
54.01	05401	0	32,200	2	9,087,960	9,087,960	54.01
54.02	05402	0	8,908	0	8,679,821	8,679,821	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	114,505	0	30,149,797	30,149,797	55.01
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	52,336,454	52,336,454	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	3,661,809	3,661,809	63.00
63.01	06301	0	2,963	166,722	5,564,790	5,564,790	63.01
65.00	06500	0	38,909	1,021	15,887,109	15,887,109	65.00
66.00	06600	0	3,286	0	5,482,033	5,482,033	66.00
67.00	06700	0	1,724	0	2,809,707	2,809,707	67.00
68.00	06800	0	2,983	0	1,217,950	1,217,950	68.00
69.00	06900	0	6,618	218	10,764,843	10,764,843	69.00
70.00	07000	0	7,438	0	2,207,838	2,207,838	70.00
71.00	07100	0	2,829,888	0	16,950,009	16,950,009	71.00
72.00	07200	0	3,092,179	0	6,184,133	6,184,133	72.00
73.00	07300	0	0	14,912,439	121,018,860	121,018,860	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03950	86	3,884	0	54,502	54,502	76.01
76.02	03140	1,027	86,975	421	15,987,377	15,987,377	76.02
76.03	03957	555	4,099	0	1,458,421	1,458,421	76.03
76.04	03190	0	3,212	131	6,184,936	6,184,936	76.04
76.05	03951	0	14,945	0	8,229,777	8,229,777	76.05
76.06	03952	0	0	0	0	0	76.06
76.07	03550	0	0	0	2,889,726	2,889,726	76.07
76.08	03953	0	8,616	5,899	2,072,275	2,072,275	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
76.09	03954 RENAL DIALYSIS	0	0	0	2,370,748	2,370,748	76.09
76.10	03955 INFUSION	0	80,879	0	9,736,043	9,736,043	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	14,859	14,859	76.11
76.12	03958 ANTICOAGULATION CLINIC	0	7,271	0	677,302	677,302	76.12
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	5,946	242,085	6,812	52,762,470	52,762,470	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	28,648	4,992	5,105,381	5,105,381	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,023	7,386,327	15,125,497	523,702,296	523,702,296	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	1,879	6,414	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	530	3,691	0	0	192.00
192.01	19201 WORKING WELL	0	21,568	24,326	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	5,460,270	1,572,410	4,681,224	4,029,392	38,653	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	340.777008	0.212192	0.308789	0.007694	0.000074	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	161,826	176,305	163,664	508,960	10,632	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.099607	0.023792	0.010796	0.000972	0.000020	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 01160 COMMUNICATIONS						5.01
5.02 00550 DATA PROCESSING						5.02
5.03 00561 PURCHASING RECEIVING AND STORES						5.03
5.04 00570 ADMITTING						5.04
5.05 00590 OTHER ADMINISTRATIVE AND GENERAL						5.05
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
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
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	100					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		764				23.00
23.01 02301 PARAMED PRGM - LAB		0	177,707			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY		0	0	179,458		23.02
23.03 02303 PARAMED PRGM - RESPTHER		0	0	0	114,230	23.03
23.04 02304 PARAMED PRGM-PHARMACY		0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	0	54.01
54.02 05402 ULTRASOUND	0	0	0	1,795	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	3,589	0	55.01
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	145,720	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	3,554	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	114,230	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	764	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

Period:  
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To 12/31/2014

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300 INTEREST EXPENSE						113.00
118.00	100	764	177,707	179,458	114,230	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
200.00						200.00
201.00						201.00
202.00	748,411	413	210,818	96,103	86,572	202.00
203.00	7,484.110000	0.540576	1.186324	0.535518	0.757874	203.00
204.00	3,671	11	1,229	685	600	204.00
205.00	36.710000	0.014398	0.006916	0.003817	0.005253	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

Period:  
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Cost Center Description		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	01160	COMMUNICATIONS	5.01
5.02	00550	DATA PROCESSING	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	5.03
5.04	00570	ADMINISTRATIVE	5.04
5.05	00590	OTHER ADMINISTRATIVE AND GENERAL	5.05
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
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
23.01	02301	PARAMED PRGM - LAB	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	23.03
23.04	02304	PARAMED PRGM-PHARMACY	23.04
		715,898	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	CORONARY CARE UNIT	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OPEN HEART SURGERY	50.01
50.02	05002	OUTPATIENT SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	COMPUTED TOMOGRAPHY	55.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
63.01	06301	NUCLEAR MEDICINE	63.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
		715,898	
76.00	03020	PAIN CLINIC	76.00
76.01	03950	ORTHOPEDICS	76.01
76.02	03140	CARDIOVASCULAR SERVICES	76.02
76.03	03957	CARDIAC REHABILITATION	76.03
76.04	03190	RADIATION ONCOLOGY	76.04
76.05	03951	MRI	76.05
76.06	03952	BARIATRIC CENTER	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	76.07
76.08	03953	WOUND CARE	76.08
76.09	03954	RENAL DIALYSIS	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
76.10	03955 INFUSION	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	76.12
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 CONVENT	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	0	190.07
190.08	19008 FAMILY SERVICES	0	190.08
190.09	19009 MDWISE	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	190.10
190.11	19011 CENTER OF HOPE	0	190.11
190.12	19012 SELECT	0	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 WORKING WELL	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	0	194.01
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)	860,895	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.202539	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,503	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007687	205.00

Provider CCN: 150004

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

Worksheet B-2  
 Date/Time Prepared:  
 5/27/2015 5:29 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	ADJ FOR LAB ALLIED HEALTH PROGRAM FE		1 60.00	-25,120	7.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet C Part I Date/Time Prepared: 5/27/2015 5:29 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance	Total Costs		
		1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,111,519		23,111,519	0	23,111,519	30.00
31.00	03100	INTENSIVE CARE UNIT	5,798,039		5,798,039	0	5,798,039	31.00
32.00	02060	CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	6,432,284		6,432,284	0	6,432,284	40.00
43.00	04300	NURSERY	964,375		964,375	0	964,375	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	4,706,468		4,706,468	5,065	4,711,533	50.00
50.01	05001	OPEN HEART SURGERY	340,880		340,880	19,052	359,932	50.01
50.02	05002	OUTPATIENT SURGERY	2,971,330		2,971,330	0	2,971,330	50.02
51.00	05100	RECOVERY ROOM	641,038		641,038	0	641,038	51.00
53.00	05300	ANESTHESIOLOGY	3,478,328		3,478,328	0	3,478,328	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,835,812		2,835,812	0	2,835,812	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,315,272		2,315,272	0	2,315,272	54.01
54.02	05402	ULTRASOUND	942,429		942,429	0	942,429	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,374,075		1,374,075	0	1,374,075	55.01
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	7,610,011		7,610,011	13,624	7,623,635	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,459,662		1,459,662	0	1,459,662	63.00
63.01	06301	NUCLEAR MEDICINE	1,000,643		1,000,643	0	1,000,643	63.01
65.00	06500	RESPIRATORY THERAPY	2,947,211	0	2,947,211	0	2,947,211	65.00
66.00	06600	PHYSICAL THERAPY	3,508,909	0	3,508,909	0	3,508,909	66.00
67.00	06700	OCCUPATIONAL THERAPY	851,118	0	851,118	0	851,118	67.00
68.00	06800	SPEECH PATHOLOGY	632,247	0	632,247	0	632,247	68.00
69.00	06900	ELECTROCARDIOLOGY	799,328	0	799,328	0	799,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	540,900		540,900	4,816	545,716	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,393,067		4,393,067	0	4,393,067	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,269,920		4,269,920	0	4,269,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,245,665		23,245,665	0	23,245,665	73.00
76.00	03020	PAIN CLINIC	0		0	0	0	76.00
76.01	03950	ORTHOPEDECS	69,619		69,619	0	69,619	76.01
76.02	03140	CARDIOVASCULAR SERVICES	2,618,727		2,618,727	6,378	2,625,105	76.02
76.03	03957	CARDIAC REHABILITATION	864,720		864,720	0	864,720	76.03
76.04	03190	RADIATION ONCOLOGY	2,108,495		2,108,495	0	2,108,495	76.04
76.05	03951	MRI	909,334		909,334	0	909,334	76.05
76.06	03952	BARIATRIC CENTER	0		0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	441,318		441,318	0	441,318	76.07
76.08	03953	WOUND CARE	756,110		756,110	2,315	758,425	76.08
76.09	03954	RENAL DIALYSIS	1,209,324		1,209,324	0	1,209,324	76.09
76.10	03955	INFUSION	2,299,597		2,299,597	0	2,299,597	76.10
76.11	03956	CARE TRANSITION CENTER	76,802		76,802	0	76,802	76.11
76.12	03958	ANTI COAGULATION CLINIC	293,959		293,959	0	293,959	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100	EMERGENCY	10,180,185		10,180,185	39,755	10,219,940	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,490,938		3,490,938	0	3,490,938	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,468,515		4,468,515	0	4,468,515	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE	0		0	0	0	113.00
200.00		Subtotal (see instructions)	136,958,173	0	136,958,173	91,005	137,049,178	200.00
201.00		Less Observation Beds	3,490,938		3,490,938	0	3,490,938	201.00
202.00		Total (see instructions)	133,467,235	0	133,467,235	91,005	133,558,240	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,199,081		30,199,081		30.00
31.00	03100	INTENSIVE CARE UNIT	8,373,356		8,373,356		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - I PF	28,665,563		28,665,563		40.00
43.00	04300	NURSERY	371,688		371,688		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,201,776	10,216,701	17,418,477	0.270200	50.00
50.01	05001	OPEN HEART SURGERY	1,270,579	0	1,270,579	0.268287	50.01
50.02	05002	OUTPATIENT SURGERY	3,086,363	4,276,649	7,363,012	0.403548	50.02
51.00	05100	RECOVERY ROOM	1,432,261	1,824,737	3,256,998	0.196819	51.00
53.00	05300	ANESTHESIOLOGY	4,229,411	5,475,100	9,704,511	0.358424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,812,987	8,138,008	11,950,995	0.237287	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,646,521	5,441,439	9,087,960	0.254763	54.01
54.02	05402	ULTRASOUND	3,042,005	5,637,816	8,679,821	0.108577	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	10,186,909	19,962,888	30,149,797	0.045575	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,965,531	24,370,923	52,336,454	0.145406	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,971,355	1,690,454	3,661,809	0.398618	63.00
63.01	06301	NUCLEAR MEDICINE	1,647,068	3,917,722	5,564,790	0.179817	63.01
65.00	06500	RESPIRATORY THERAPY	14,391,483	1,495,626	15,887,109	0.185510	65.00
66.00	06600	PHYSICAL THERAPY	3,343,552	2,138,481	5,482,033	0.640074	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,425,184	384,523	2,809,707	0.302921	67.00
68.00	06800	SPEECH PATHOLOGY	985,331	232,619	1,217,950	0.519108	68.00
69.00	06900	ELECTROCARDIOLOGY	5,943,710	4,821,133	10,764,843	0.074254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,266	2,169,572	2,207,838	0.244991	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,591,440	5,358,569	16,950,009	0.259178	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,697,204	2,486,929	6,184,133	0.690464	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,930,542	80,088,318	121,018,860	0.192083	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	4,600	49,902	54,502	1.277366	76.01
76.02	03140	CARDIOVASCULAR SERVICES	9,159,992	6,827,385	15,987,377	0.163800	76.02
76.03	03957	CARDIAC REHABILITATION	312,351	1,146,070	1,458,421	0.592915	76.03
76.04	03190	RADIATION ONCOLOGY	447,953	5,736,983	6,184,936	0.340908	76.04
76.05	03951	MRI	3,065,498	5,164,279	8,229,777	0.110493	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	2,889,726	0	2,889,726	0.152720	76.07
76.08	03953	WOUND CARE	19,257	2,053,018	2,072,275	0.364870	76.08
76.09	03954	RENAL DIALYSIS	2,333,902	36,846	2,370,748	0.510102	76.09
76.10	03955	INFUSION	0	9,736,043	9,736,043	0.236194	76.10
76.11	03956	CARE TRANSITION CENTER	0	14,859	14,859	5.168719	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,633	675,669	677,302	0.434015	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	12,911,773	39,850,697	52,762,470	0.192944	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,566,863	4,014,243	5,581,106	0.625492	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,105,381	5,105,381		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	253,162,714	270,539,582	523,702,296		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	253,162,714	270,539,582	523,702,296		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:29 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 CORONARY CARE UNIT			32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.270491		50.00
50.01	05001 OPEN HEART SURGERY	0.283282		50.01
50.02	05002 OUTPATIENT SURGERY	0.403548		50.02
51.00	05100 RECOVERY ROOM	0.196819		51.00
53.00	05300 ANESTHESIOLOGY	0.358424		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.237287		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.254763		54.01
54.02	05402 ULTRASOUND	0.108577		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.045575		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.145666		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.398618		63.00
63.01	06301 NUCLEAR MEDICINE	0.179817		63.01
65.00	06500 RESPIRATORY THERAPY	0.185510		65.00
66.00	06600 PHYSICAL THERAPY	0.640074		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.302921		67.00
68.00	06800 SPEECH PATHOLOGY	0.519108		68.00
69.00	06900 ELECTROCARDIOLOGY	0.074254		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.247172		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.690464		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192083		73.00
76.00	03020 PAIN CLINIC	0.000000		76.00
76.01	03950 ORTHOPEDICS	1.277366		76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.164199		76.02
76.03	03957 CARDIAC REHABILITATION	0.592915		76.03
76.04	03190 RADIATION ONCOLOGY	0.340908		76.04
76.05	03951 MRI	0.110493		76.05
76.06	03952 BARIATRIC CENTER	0.000000		76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.152720		76.07
76.08	03953 WOUND CARE	0.365987		76.08
76.09	03954 RENAL DIALYSIS	0.510102		76.09
76.10	03955 INFUSION	0.236194		76.10
76.11	03956 CARE TRANSITION CENTER	5.168719		76.11
76.12	03958 ANTI COAGULATION CLINIC	0.434015		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCC HEALTH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.193697		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.625492		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300 INTEREST EXPENSE			113.00
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: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE		Total Costs	
				Disallowance			
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	23,111,519		23,111,519	0	23,111,519	30.00
31.00	03100 INTENSIVE CARE UNIT	5,798,039		5,798,039	0	5,798,039	31.00
32.00	02060 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	6,432,284		6,432,284	0	6,432,284	40.00
43.00	04300 NURSERY	964,375		964,375	0	964,375	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	4,706,468		4,706,468	5,065	4,711,533	50.00
50.01	05001 OPEN HEART SURGERY	340,880		340,880	19,052	359,932	50.01
50.02	05002 OUTPATIENT SURGERY	2,971,330		2,971,330	0	2,971,330	50.02
51.00	05100 RECOVERY ROOM	641,038		641,038	0	641,038	51.00
53.00	05300 ANESTHESIOLOGY	3,478,328		3,478,328	0	3,478,328	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,835,812		2,835,812	0	2,835,812	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2,315,272		2,315,272	0	2,315,272	54.01
54.02	05402 ULTRASOUND	942,429		942,429	0	942,429	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,374,075		1,374,075	0	1,374,075	55.01
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	7,610,011		7,610,011	13,624	7,623,635	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,459,662		1,459,662	0	1,459,662	63.00
63.01	06301 NUCLEAR MEDICINE	1,000,643		1,000,643	0	1,000,643	63.01
65.00	06500 RESPIRATORY THERAPY	2,947,211	0	2,947,211	0	2,947,211	65.00
66.00	06600 PHYSICAL THERAPY	3,508,909	0	3,508,909	0	3,508,909	66.00
67.00	06700 OCCUPATIONAL THERAPY	851,118	0	851,118	0	851,118	67.00
68.00	06800 SPEECH PATHOLOGY	632,247	0	632,247	0	632,247	68.00
69.00	06900 ELECTROCARDIOLOGY	799,328		799,328	0	799,328	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	540,900		540,900	4,816	545,716	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	4,393,067		4,393,067	0	4,393,067	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,269,920		4,269,920	0	4,269,920	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	23,245,665		23,245,665	0	23,245,665	73.00
76.00	03020 PAIN CLINIC	0		0	0	0	76.00
76.01	03950 ORTHOPEDICS	69,619		69,619	0	69,619	76.01
76.02	03140 CARDIOVASCULAR SERVICES	2,618,727		2,618,727	6,378	2,625,105	76.02
76.03	03957 CARDIAC REHABILITATION	864,720		864,720	0	864,720	76.03
76.04	03190 RADIATION ONCOLOGY	2,108,495		2,108,495	0	2,108,495	76.04
76.05	03951 MRI	909,334		909,334	0	909,334	76.05
76.06	03952 BARIATRIC CENTER	0		0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	441,318		441,318	0	441,318	76.07
76.08	03953 WOUND CARE	756,110		756,110	2,315	758,425	76.08
76.09	03954 RENAL DIALYSIS	1,209,324		1,209,324	0	1,209,324	76.09
76.10	03955 INFUSION	2,299,597		2,299,597	0	2,299,597	76.10
76.11	03956 CARE TRANSITION CENTER	76,802		76,802	0	76,802	76.11
76.12	03958 ANTI COAGULATION CLINIC	293,959		293,959	0	293,959	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	10,180,185		10,180,185	39,755	10,219,940	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	3,490,938		3,490,938	0	3,490,938	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,468,515		4,468,515	0	4,468,515	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	136,958,173	0	136,958,173	91,005	137,049,178	200.00
201.00	Less Observation Beds	3,490,938		3,490,938	0	3,490,938	201.00
202.00	Total (see instructions)	133,467,235	0	133,467,235	91,005	133,558,240	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	30,199,081		30,199,081		30.00
31.00	03100	INTENSIVE CARE UNIT	8,373,356		8,373,356		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - I/PF	28,665,563		28,665,563		40.00
43.00	04300	NURSERY	371,688		371,688		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,201,776	10,216,701	17,418,477	0.270200	50.00
50.01	05001	OPEN HEART SURGERY	1,270,579	0	1,270,579	0.268287	50.01
50.02	05002	OUTPATIENT SURGERY	3,086,363	4,276,649	7,363,012	0.403548	50.02
51.00	05100	RECOVERY ROOM	1,432,261	1,824,737	3,256,998	0.196819	51.00
53.00	05300	ANESTHESIOLOGY	4,229,411	5,475,100	9,704,511	0.358424	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,812,987	8,138,008	11,950,995	0.237287	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,646,521	5,441,439	9,087,960	0.254763	54.01
54.02	05402	ULTRASOUND	3,042,005	5,637,816	8,679,821	0.108577	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	10,186,909	19,962,888	30,149,797	0.045575	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,965,531	24,370,923	52,336,454	0.145406	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,971,355	1,690,454	3,661,809	0.398618	63.00
63.01	06301	NUCLEAR MEDICINE	1,647,068	3,917,722	5,564,790	0.179817	63.01
65.00	06500	RESPIRATORY THERAPY	14,391,483	1,495,626	15,887,109	0.185510	65.00
66.00	06600	PHYSICAL THERAPY	3,343,552	2,138,481	5,482,033	0.640074	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,425,184	384,523	2,809,707	0.302921	67.00
68.00	06800	SPEECH PATHOLOGY	985,331	232,619	1,217,950	0.519108	68.00
69.00	06900	ELECTROCARDIOLOGY	5,943,710	4,821,133	10,764,843	0.074254	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	38,266	2,169,572	2,207,838	0.244991	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	11,591,440	5,358,569	16,950,009	0.259178	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,697,204	2,486,929	6,184,133	0.690464	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,930,542	80,088,318	121,018,860	0.192083	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03950	ORTHOPEDI CS	4,600	49,902	54,502	1.277366	76.01
76.02	03140	CARDIOVASCULAR SERVICES	9,159,992	6,827,385	15,987,377	0.163800	76.02
76.03	03957	CARDIAC REHABILITATION	312,351	1,146,070	1,458,421	0.592915	76.03
76.04	03190	RADIATION ONCOLOGY	447,953	5,736,983	6,184,936	0.340908	76.04
76.05	03951	MRI	3,065,498	5,164,279	8,229,777	0.110493	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0.000000	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	2,889,726	0	2,889,726	0.152720	76.07
76.08	03953	WOUND CARE	19,257	2,053,018	2,072,275	0.364870	76.08
76.09	03954	RENAL DIALYSIS	2,333,902	36,846	2,370,748	0.510102	76.09
76.10	03955	INFUSION	0	9,736,043	9,736,043	0.236194	76.10
76.11	03956	CARE TRANSITION CENTER	0	14,859	14,859	5.168719	76.11
76.12	03958	ANTI COAGULATION CLINIC	1,633	675,669	677,302	0.434015	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	12,911,773	39,850,697	52,762,470	0.192944	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,566,863	4,014,243	5,581,106	0.625492	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,105,381	5,105,381		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	253,162,714	270,539,582	523,702,296		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	253,162,714	270,539,582	523,702,296		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet C Part I Date/Time Prepared: 5/27/2015 5:29 pm
			Title XIX	Hospital	Cost
Cost Center Description			PPS Inpatient Ratio		
			11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
32.00	02060	CORONARY CARE UNIT			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.270491		50.00
50.01	05001	OPEN HEART SURGERY	0.283282		50.01
50.02	05002	OUTPATIENT SURGERY	0.403548		50.02
51.00	05100	RECOVERY ROOM	0.196819		51.00
53.00	05300	ANESTHESIOLOGY	0.358424		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237287		54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.254763		54.01
54.02	05402	ULTRASOUND	0.108577		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045575		55.01
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.145666		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398618		63.00
63.01	06301	NUCLEAR MEDICINE	0.179817		63.01
65.00	06500	RESPIRATORY THERAPY	0.185510		65.00
66.00	06600	PHYSICAL THERAPY	0.640074		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.302921		67.00
68.00	06800	SPEECH PATHOLOGY	0.519108		68.00
69.00	06900	ELECTROCARDIOLOGY	0.074254		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247172		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.690464		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192083		73.00
76.00	03020	PAIN CLINIC	0.000000		76.00
76.01	03950	ORTHOPEDECS	1.277366		76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.164199		76.02
76.03	03957	CARDIAC REHABILITATION	0.592915		76.03
76.04	03190	RADIATION ONCOLOGY	0.340908		76.04
76.05	03951	MRI	0.110493		76.05
76.06	03952	BARIATRIC CENTER	0.000000		76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.152720		76.07
76.08	03953	WOUND CARE	0.365987		76.08
76.09	03954	RENAL DIALYSIS	0.510102		76.09
76.10	03955	INFUSION	0.236194		76.10
76.11	03956	CARE TRANSITION CENTER	5.168719		76.11
76.12	03958	ANTI COAGULATION CLINIC	0.434015		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000		90.00
90.01	09001	OCC HEALTH CLINIC	0.000000		90.01
91.00	09100	EMERGENCY	0.193697		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.625492		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150004

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

Worksheet D  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,654,067	0	2,654,067	29,567	89.76	30.00
31.00	INTENSIVE CARE UNIT	356,317		356,317	3,623	98.35	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	69,804	0	69,804	8,537	8.18	40.00
43.00	NURSERY	5,551		5,551	226	24.56	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)	3,085,739		3,085,739	41,953		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	13,624	1,222,890				
31.00	INTENSIVE CARE UNIT	2,135	209,977				
32.00	CORONARY CARE UNIT	0	0				
35.00	NEWBORN INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	1,166	9,538				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	16,925	1,442,405				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	732,988	17,418,477	0.042081	3,340,463	140,570	50.00
50.01	05001 OPEN HEART SURGERY	25,895	1,270,579	0.020380	479,871	9,780	50.01
50.02	05002 OUTPATIENT SURGERY	349,737	7,363,012	0.047499	1,740,923	82,692	50.02
51.00	05100 RECOVERY ROOM	14,187	3,256,998	0.004356	783,293	3,412	51.00
53.00	05300 ANESTHESIOLOGY	176,580	9,704,511	0.018196	2,087,358	37,982	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	334,676	11,950,995	0.028004	2,108,125	59,036	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	251,166	9,087,960	0.027637	2,261,757	62,508	54.01
54.02	05402 ULTRASOUND	97,930	8,679,821	0.011282	1,550,321	17,491	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	66,446	30,149,797	0.002204	4,874,048	10,742	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	392,324	52,336,454	0.007496	13,350,967	100,079	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	11,713	3,661,809	0.003199	1,042,506	3,335	63.00
63.01	06301 NUCLEAR MEDICINE	74,883	5,564,790	0.013457	784,960	10,563	63.01
65.00	06500 RESPIRATORY THERAPY	173,407	15,887,109	0.010915	7,804,889	85,190	65.00
66.00	06600 PHYSICAL THERAPY	164,938	5,482,033	0.030087	454,733	13,682	66.00
67.00	06700 OCCUPATIONAL THERAPY	21,147	2,809,707	0.007526	403,236	3,035	67.00
68.00	06800 SPEECH PATHOLOGY	48,841	1,217,950	0.040101	684,856	27,463	68.00
69.00	06900 ELECTROCARDIOLOGY	103,663	10,764,843	0.009630	2,976,030	28,659	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,144	2,207,838	0.021353	16,500	352	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	105,949	16,950,009	0.006251	6,117,403	38,240	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	98,516	6,184,133	0.015930	2,126,068	33,868	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	391,818	121,018,860	0.003238	22,245,306	72,030	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	10,033	54,502	0.184085	3,061	563	76.01
76.02	03140 CARDIOVASCULAR SERVICES	171,014	15,987,377	0.010697	4,380,540	46,859	76.02
76.03	03957 CARDIAC REHABILITATION	57,927	1,458,421	0.039719	176,464	7,009	76.03
76.04	03190 RADIATION ONCOLOGY	378,831	6,184,936	0.061251	261,516	16,018	76.04
76.05	03951 MRI	398,531	8,229,777	0.048425	1,291,151	62,524	76.05
76.06	03952 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	5,585	2,889,726	0.001933	0	0	76.07
76.08	03953 WOUND CARE	71,443	2,072,275	0.034476	14,341	494	76.08
76.09	03954 RENAL DIALYSIS	126,332	2,370,748	0.053288	1,487,893	79,287	76.09
76.10	03955 INFUSION	43,591	9,736,043	0.004477	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	507	14,859	0.034121	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	2,886	677,302	0.004261	1,148	5	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	425,025	52,762,470	0.008055	4,520,073	36,409	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	400,889	5,581,106	0.071830	929,317	66,753	92.00
200.00	Total (lines 50-199)	5,776,542	450,987,227		90,299,117	1,156,630	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part III Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
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	29,567	0.00	13,624	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,623	0.00	2,135	0		31.00
32.00	02060	CORONARY CARE UNIT	0	0.00	0	0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	8,537	0.00	1,166	0		40.00
43.00	04300	NURSERY	226	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)	41,953		16,925	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	91,298	0	91,298	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	1,922	0	1,922	54.01
54.02	05402	ULTRASOUND	0	0	961	0	961	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	1,922	0	1,922	55.01
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	147,751	0	147,751	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	33,731	0	33,731	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	4,216	0	4,216	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	86,572	0	86,572	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	861,308	0	861,308	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03950	ORTHOPEDI CS	0	0	0	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03951	MRI	0	0	0	0	0	76.05
76.06	03952	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03953	WOUND CARE	0	0	0	0	0	76.08
76.09	03954	RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03955	INFUSION	0	0	0	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH 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
200.00		Total (lines 50-199)	0	0	1,229,681	0	1,229,681	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	17,418,477	0.000000	0.000000	3,340,463	50.00
50.01 05001 OPEN HEART SURGERY	0	1,270,579	0.000000	0.000000	479,871	50.01
50.02 05002 OUTPATIENT SURGERY	0	7,363,012	0.000000	0.000000	1,740,923	50.02
51.00 05100 RECOVERY ROOM	0	3,256,998	0.000000	0.000000	783,293	51.00
53.00 05300 ANESTHESIOLOGY	0	9,704,511	0.000000	0.000000	2,087,358	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	91,298	11,950,995	0.007639	0.007639	2,108,125	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	1,922	9,087,960	0.000211	0.000211	2,261,757	54.01
54.02 05402 ULTRASOUND	961	8,679,821	0.000111	0.000111	1,550,321	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	1,922	30,149,797	0.000064	0.000064	4,874,048	55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	147,751	52,336,454	0.002823	0.002823	13,350,967	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	33,731	3,661,809	0.009212	0.009212	1,042,506	63.00
63.01 06301 NUCLEAR MEDICINE	4,216	5,564,790	0.000758	0.000758	784,960	63.01
65.00 06500 RESPIRATORY THERAPY	86,572	15,887,109	0.005449	0.005449	7,804,889	65.00
66.00 06600 PHYSICAL THERAPY	0	5,482,033	0.000000	0.000000	454,733	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,809,707	0.000000	0.000000	403,236	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,217,950	0.000000	0.000000	684,856	68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,764,843	0.000000	0.000000	2,976,030	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,207,838	0.000000	0.000000	16,500	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,950,009	0.000000	0.000000	6,117,403	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,184,133	0.000000	0.000000	2,126,068	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	861,308	121,018,860	0.007117	0.007117	22,245,306	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 03950 ORTHOPEDICS	0	54,502	0.000000	0.000000	3,061	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	15,987,377	0.000000	0.000000	4,380,540	76.02
76.03 03957 CARDIAC REHABILITATION	0	1,458,421	0.000000	0.000000	176,464	76.03
76.04 03190 RADIATION ONCOLOGY	0	6,184,936	0.000000	0.000000	261,516	76.04
76.05 03951 MRI	0	8,229,777	0.000000	0.000000	1,291,151	76.05
76.06 03952 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	2,889,726	0.000000	0.000000	0	76.07
76.08 03953 WOUND CARE	0	2,072,275	0.000000	0.000000	14,341	76.08
76.09 03954 RENAL DIALYSIS	0	2,370,748	0.000000	0.000000	1,487,893	76.09
76.10 03955 INFUSION	0	9,736,043	0.000000	0.000000	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	14,859	0.000000	0.000000	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	677,302	0.000000	0.000000	1,148	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	52,762,470	0.000000	0.000000	4,520,073	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,581,106	0.000000	0.000000	929,317	92.00
200.00 Total (lines 50-199)	1,229,681	450,987,227			90,299,117	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
	Title VIII	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	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	3,170,815	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	1,407,087	0	50.02
51.00 05100 RECOVERY ROOM	0	608,113	0	51.00
53.00 05300 ANESTHESIOLOGY	0	1,696,629	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,104	1,648,519	12,593	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	477	2,467,075	521	54.01
54.02 05402 ULTRASOUND	172	1,286,655	143	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	312	5,084,931	325	55.01
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	37,690	4,260,894	12,029	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	9,604	415,205	3,825	63.00
63.01 06301 NUCLEAR MEDICINE	595	1,622,706	1,230	63.01
65.00 06500 RESPIRATORY THERAPY	42,529	370,367	2,018	65.00
66.00 06600 PHYSICAL THERAPY	0	868	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	11,612	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,639,954	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	828,716	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,627,029	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,277,223	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	158,320	35,322,985	251,394	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	23,269	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	3,286,406	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	437,838	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	2,914,111	0	76.04
76.05 03951 MRI	0	1,621,689	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03953 WOUND CARE	0	1,191,467	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	76.09
76.10 03955 INFUSION	0	2,357,564	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	3,670	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	422,563	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	5,764,407	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,345,147	0	92.00
200.00 Total (lines 50-199)	265,803	85,115,514	284,078	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 5:29 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.270200	3,170,815	0	856,754	50.00	
50.01	05001 OPEN HEART SURGERY	0.268287	0	0	0	50.01	
50.02	05002 OUTPATIENT SURGERY	0.403548	1,407,087	0	567,827	50.02	
51.00	05100 RECOVERY ROOM	0.196819	608,113	0	119,688	51.00	
53.00	05300 ANESTHESIOLOGY	0.358424	1,696,629	0	608,113	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.237287	1,648,519	0	391,172	54.00	
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.254763	2,467,075	0	628,519	54.01	
54.02	05402 ULTRASOUND	0.108577	1,286,655	0	139,701	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00	
55.01	05501 COMPUTED TOMOGRAPHY	0.045575	5,084,931	0	231,746	55.01	
57.00	05700 CT SCAN	0.000000	0	0	0	57.00	
58.00	05800 MRI	0.000000	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	59.00	
60.00	06000 LABORATORY	0.145406	4,260,894	3,954	619,560	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.398618	415,205	0	165,508	63.00	
63.01	06301 NUCLEAR MEDICINE	0.179817	1,622,706	0	291,790	63.01	
65.00	06500 RESPIRATORY THERAPY	0.185510	370,367	0	68,707	65.00	
66.00	06600 PHYSICAL THERAPY	0.640074	868	0	556	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.302921	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.519108	11,612	0	6,028	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.074254	1,639,954	0	121,773	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.244991	828,716	0	203,028	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178	2,627,029	0	680,868	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.690464	1,277,223	0	881,877	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192083	35,322,985	0	57,217	6,784,945	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	76.00	
76.01	03950 ORTHOPEDICS	1.277366	23,269	0	29,723	76.01	
76.02	03140 CARDIOVASCULAR SERVICES	0.163800	3,286,406	0	538,313	76.02	
76.03	03957 CARDIAC REHABILITATION	0.592915	437,838	0	259,601	76.03	
76.04	03190 RADIATION ONCOLOGY	0.340908	2,914,111	0	993,444	76.04	
76.05	03951 MRI	0.110493	1,621,689	0	179,185	76.05	
76.06	03952 BARIATRIC CENTER	0.000000	0	0	0	76.06	
76.07	03550 PSYCH ACTIVITY THERAPY	0.152720	0	0	0	76.07	
76.08	03953 WOUND CARE	0.364870	1,191,467	0	434,731	76.08	
76.09	03954 RENAL DIALYSIS	0.510102	0	0	0	76.09	
76.10	03955 INFUSION	0.236194	2,357,564	0	556,842	76.10	
76.11	03956 CARE TRANSITION CENTER	5.168719	3,670	0	18,969	76.11	
76.12	03958 ANTICOAGULATION CLINIC	0.434015	422,563	0	183,399	76.12	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00	
90.00	09000 CLINIC	0.000000	0	0	0	90.00	
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	90.01	
91.00	09100 EMERGENCY	0.192944	5,764,407	0	1,112,208	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.625492	1,345,147	0	841,379	92.00	
200.00	Subtotal (see instructions)		85,115,514	3,954	57,217	18,515,954	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		85,115,514	3,954	57,217	18,515,954	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part V Date/Time Prepared: 5/27/2015 5:29 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	575	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,990		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03950 ORTHOPEDICS	0	0		76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03957 CARDIAC REHABILITATION	0	0		76.03
76.04 03190 RADIATION ONCOLOGY	0	0		76.04
76.05 03951 MRI	0	0		76.05
76.06 03952 BARIATRIC CENTER	0	0		76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03953 WOUND CARE	0	0		76.08
76.09 03954 RENAL DIALYSIS	0	0		76.09
76.10 03955 INFUSION	0	0		76.10
76.11 03956 CARE TRANSITION CENTER	0	0		76.11
76.12 03958 ANTICOAGULATION CLINIC	0	0		76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	575	10,990		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	575	10,990		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 5:29 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	732,988	17,418,477	0.042081	1,802	76	50.00
50.01	05001	OPEN HEART SURGERY	25,895	1,270,579	0.020380	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	349,737	7,363,012	0.047499	0	0	50.02
51.00	05100	RECOVERY ROOM	14,187	3,256,998	0.004356	0	0	51.00
53.00	05300	ANESTHESIOLOGY	176,580	9,704,511	0.018196	844	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	334,676	11,950,995	0.028004	5,313	149	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	251,166	9,087,960	0.027637	278	8	54.01
54.02	05402	ULTRASOUND	97,930	8,679,821	0.011282	976	11	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	66,446	30,149,797	0.002204	20,301	45	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	392,324	52,336,454	0.007496	223,136	1,673	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,713	3,661,809	0.003199	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	74,883	5,564,790	0.013457	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	173,407	15,887,109	0.010915	9,083	99	65.00
66.00	06600	PHYSICAL THERAPY	164,938	5,482,033	0.030087	2,955	89	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,147	2,809,707	0.007526	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	48,841	1,217,950	0.040101	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,663	10,764,843	0.009630	32,195	310	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,144	2,207,838	0.021353	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	105,949	16,950,009	0.006251	15,922	100	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,516	6,184,133	0.015930	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	391,818	121,018,860	0.003238	433,619	1,404	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	10,033	54,502	0.184085	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	171,014	15,987,377	0.010697	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	57,927	1,458,421	0.039719	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	378,831	6,184,936	0.061251	0	0	76.04
76.05	03951	MRI	398,531	8,229,777	0.048425	7,652	371	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	5,585	2,889,726	0.001933	215,878	417	76.07
76.08	03953	WOUND CARE	71,443	2,072,275	0.034476	0	0	76.08
76.09	03954	RENAL DIALYSIS	126,332	2,370,748	0.053288	0	0	76.09
76.10	03955	INFUSION	43,591	9,736,043	0.004477	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	507	14,859	0.034121	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	2,886	677,302	0.004261	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	425,025	52,762,470	0.008055	117,328	945	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,581,106	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,375,653	450,987,227		1,087,282	5,712	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Subprovider - IPF

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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	91,298	0	91,298	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	1,922	0	1,922	54.01
54.02 05402 ULTRASOUND	0	0	961	0	961	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	1,922	0	1,922	55.01
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	172,871	0	172,871	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	33,731	0	33,731	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	4,216	0	4,216	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	86,572	0	86,572	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	861,308	0	861,308	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH 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
200.00 Total (lines 50-199)	0	0	1,254,801	0	1,254,801	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm		
				Title XVIII		Subprovider - IPF		
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	17,418,477	0.000000	0.000000	1,802	50.00
50.01	05001	OPEN HEART SURGERY	0	1,270,579	0.000000	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	7,363,012	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	3,256,998	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	9,704,511	0.000000	0.000000	844	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,298	11,950,995	0.007639	0.007639	5,313	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,922	9,087,960	0.000211	0.000211	278	54.01
54.02	05402	ULTRASOUND	961	8,679,821	0.000111	0.000111	976	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,922	30,149,797	0.000064	0.000064	20,301	55.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	172,871	52,336,454	0.003303	0.003303	223,136	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,731	3,661,809	0.009212	0.009212	0	63.00
63.01	06301	NUCLEAR MEDICINE	4,216	5,564,790	0.000758	0.000758	0	63.01
65.00	06500	RESPIRATORY THERAPY	86,572	15,887,109	0.005449	0.005449	9,083	65.00
66.00	06600	PHYSICAL THERAPY	0	5,482,033	0.000000	0.000000	2,955	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,809,707	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,217,950	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,764,843	0.000000	0.000000	32,195	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,207,838	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,950,009	0.000000	0.000000	15,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,184,133	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	861,308	121,018,860	0.007117	0.007117	433,619	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0	54,502	0.000000	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	15,987,377	0.000000	0.000000	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	1,458,421	0.000000	0.000000	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	6,184,936	0.000000	0.000000	0	76.04
76.05	03951	MRI	0	8,229,777	0.000000	0.000000	7,652	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	2,889,726	0.000000	0.000000	215,878	76.07
76.08	03953	WOUND CARE	0	2,072,275	0.000000	0.000000	0	76.08
76.09	03954	RENAL DIALYSIS	0	2,370,748	0.000000	0.000000	0	76.09
76.10	03955	INFUSION	0	9,736,043	0.000000	0.000000	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	14,859	0.000000	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	677,302	0.000000	0.000000	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	52,762,470	0.000000	0.000000	117,328	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,581,106	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,254,801	450,987,227			1,087,282	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
	Component CCN: 15S004	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	41	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1	0	0	55.01
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	737	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	49	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	3,086	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	76.00
76.01	03950 ORTHOPEDICS	0	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0	0	0	76.04
76.05	03951 MRI	0	0	0	76.05
76.06	03952 BARIATRIC CENTER	0	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03953 WOUND CARE	0	0	0	76.08
76.09	03954 RENAL DIALYSIS	0	0	0	76.09
76.10	03955 INFUSION	0	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH 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
200.00	Total (lines 50-199)	3,914	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part II Date/Time Prepared: 5/27/2015 5:29 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	732,988	17,418,477	0.042081	0	0	50.00
50.01	05001	OPEN HEART SURGERY	25,895	1,270,579	0.020380	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	349,737	7,363,012	0.047499	0	0	50.02
51.00	05100	RECOVERY ROOM	14,187	3,256,998	0.004356	0	0	51.00
53.00	05300	ANESTHESIOLOGY	176,580	9,704,511	0.018196	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	334,676	11,950,995	0.028004	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	251,166	9,087,960	0.027637	0	0	54.01
54.02	05402	ULTRASOUND	97,930	8,679,821	0.011282	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	66,446	30,149,797	0.002204	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	392,324	52,336,454	0.007496	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,713	3,661,809	0.003199	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	74,883	5,564,790	0.013457	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	173,407	15,887,109	0.010915	0	0	65.00
66.00	06600	PHYSICAL THERAPY	164,938	5,482,033	0.030087	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	21,147	2,809,707	0.007526	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	48,841	1,217,950	0.040101	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,663	10,764,843	0.009630	59,706	575	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,144	2,207,838	0.021353	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	105,949	16,950,009	0.006251	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	98,516	6,184,133	0.015930	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	391,818	121,018,860	0.003238	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03950	ORTHOPEDI CS	10,033	54,502	0.184085	0	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	171,014	15,987,377	0.010697	0	0	76.02
76.03	03957	CARDIAC REHABILITATION	57,927	1,458,421	0.039719	0	0	76.03
76.04	03190	RADIATION ONCOLOGY	378,831	6,184,936	0.061251	0	0	76.04
76.05	03951	MRI	398,531	8,229,777	0.048425	0	0	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	5,585	2,889,726	0.001933	715,473	1,383	76.07
76.08	03953	WOUND CARE	71,443	2,072,275	0.034476	0	0	76.08
76.09	03954	RENAL DIALYSIS	126,332	2,370,748	0.053288	0	0	76.09
76.10	03955	INFUSION	43,591	9,736,043	0.004477	0	0	76.10
76.11	03956	CARE TRANSITION CENTER	507	14,859	0.034121	0	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	2,886	677,302	0.004261	0	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	425,025	52,762,470	0.008055	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,581,106	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,375,653	450,987,227		775,179	1,958	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
Title XIX		Subprovider - IPF	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	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	91,298	0	91,298	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	1,922	0	1,922	54.01
54.02 05402 ULTRASOUND	0	0	961	0	961	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	1,922	0	1,922	55.01
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	172,871	0	172,871	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	33,731	0	33,731	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	4,216	0	4,216	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	86,572	0	86,572	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	861,308	0	861,308	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03951 MRI	0	0	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH 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
200.00 Total (lines 50-199)	0	0	1,254,801	0	1,254,801	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2014 To 12/31/2014		Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm		
				Title XIX		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	17,418,477	0.000000	0.000000	0	50.00
50.01	05001	OPEN HEART SURGERY	0	1,270,579	0.000000	0.000000	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	7,363,012	0.000000	0.000000	0	50.02
51.00	05100	RECOVERY ROOM	0	3,256,998	0.000000	0.000000	0	51.00
53.00	05300	ANESTHESIOLOGY	0	9,704,511	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	91,298	11,950,995	0.007639	0.007639	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	1,922	9,087,960	0.000211	0.000211	0	54.01
54.02	05402	ULTRASOUND	961	8,679,821	0.000111	0.000111	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,922	30,149,797	0.000064	0.000064	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	172,871	52,336,454	0.003303	0.003303	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	33,731	3,661,809	0.009212	0.009212	0	63.00
63.01	06301	NUCLEAR MEDICINE	4,216	5,564,790	0.000758	0.000758	0	63.01
65.00	06500	RESPIRATORY THERAPY	86,572	15,887,109	0.005449	0.005449	0	65.00
66.00	06600	PHYSICAL THERAPY	0	5,482,033	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,809,707	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,217,950	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,764,843	0.000000	0.000000	59,706	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,207,838	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	16,950,009	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,184,133	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	861,308	121,018,860	0.007117	0.007117	0	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01	03950	ORTHOPEDICS	0	54,502	0.000000	0.000000	0	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0	15,987,377	0.000000	0.000000	0	76.02
76.03	03957	CARDIAC REHABILITATION	0	1,458,421	0.000000	0.000000	0	76.03
76.04	03190	RADIATION ONCOLOGY	0	6,184,936	0.000000	0.000000	0	76.04
76.05	03951	MRI	0	8,229,777	0.000000	0.000000	0	76.05
76.06	03952	BIARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0	2,889,726	0.000000	0.000000	715,473	76.07
76.08	03953	WOUND CARE	0	2,072,275	0.000000	0.000000	0	76.08
76.09	03954	RENAL DIALYSIS	0	2,370,748	0.000000	0.000000	0	76.09
76.10	03955	INFUSION	0	9,736,043	0.000000	0.000000	0	76.10
76.11	03956	CARE TRANSITION CENTER	0	14,859	0.000000	0.000000	0	76.11
76.12	03958	ANTI COAGULATION CLINIC	0	677,302	0.000000	0.000000	0	76.12
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00	09100	EMERGENCY	0	52,762,470	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,581,106	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	1,254,801	450,987,227			775,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D Part IV Date/Time Prepared: 5/27/2015 5:29 pm
	Component CCN: 15S004	Title XIX	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	55.01
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
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
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
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03950 ORTHOPEDICS	0	0	0	76.01
76.02 03140 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03957 CARDIAC REHABILITATION	0	0	0	76.03
76.04 03190 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03951 MRI	0	0	0	76.05
76.06 03952 BARIATRIC CENTER	0	0	0	76.06
76.07 03550 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03953 WOUND CARE	0	0	0	76.08
76.09 03954 RENAL DIALYSIS	0	0	0	76.09
76.10 03955 INFUSION	0	0	0	76.10
76.11 03956 CARE TRANSITION CENTER	0	0	0	76.11
76.12 03958 ANTI COAGULATION CLINIC	0	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH 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
200.00 Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2015 5:29 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		29,567	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		29,567	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)		25,101	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)		13,624	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		23,111,519	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)		23,111,519	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		23,111,519	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		781.67	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,649,472	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,649,472	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 5:29 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,798,039	3,623	1,600.34	2,135	3,416,726	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					19,662,024	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					33,728,222	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,432,867	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,422,433	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,855,300	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					30,872,922	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)					4,466	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					781.67	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,490,938	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 5:29 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,654,067	23,111,519	0.114837	3,490,938	400,889	90.00
91.00	Nursing School cost	0	23,111,519	0.000000	3,490,938	0	91.00
92.00	Allied health cost	0	23,111,519	0.000000	3,490,938	0	92.00
93.00	All other Medical Education	0	23,111,519	0.000000	3,490,938	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1
		Component CCN: 15S004		Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,537	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,537	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)		8,537	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)		1,166	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		6,432,284	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,432,284	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,432,284	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		753.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		878,534	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)		878,534	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					185,581		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,064,115		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					9,538		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					9,626		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					19,164		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,044,951		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 150004 Component CCN: 15S004		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	69,804	6,432,284	0.010852	0	0	90.00
91.00	Nursing School cost	0	6,432,284	0.000000	0	0	91.00
92.00	Allied health cost	0	6,432,284	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,432,284	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 5/27/2015 5:29 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			8,537 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			8,537 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)			8,537 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,666 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)			226 15.00
16.00	Nursery days (title V or XIX only)			46 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			6,432,284 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			6,432,284 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			6,432,284 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			753.46 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,008,724 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)			2,008,724 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					113,700		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,122,424		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,958		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,958		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,120,466		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 150004 Component CCN: 15S004		Period: From 01/01/2014 To 12/31/2014		Worksheet D-1 Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	6,432,284	0.000000	0	0	90.00
91.00	Nursing School cost	0	6,432,284	0.000000	0	0	91.00
92.00	Allied health cost	0	6,432,284	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,432,284	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3 Date/Time Prepared: 5/27/2015 5:29 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		15,471,007	30.00
31.00	03100	INTENSIVE CARE UNIT		4,736,749	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.270491	3,340,463	50.00
50.01	05001	OPEN HEART SURGERY	0.283282	479,871	50.01
50.02	05002	OUTPATIENT SURGERY	0.403548	1,740,923	50.02
51.00	05100	RECOVERY ROOM	0.196819	783,293	51.00
53.00	05300	ANESTHESIOLOGY	0.358424	2,087,358	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237287	2,108,125	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.254763	2,261,757	54.01
54.02	05402	ULTRASOUND	0.108577	1,550,321	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045575	4,874,048	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.145666	13,350,967	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398618	1,042,506	63.00
63.01	06301	NUCLEAR MEDICINE	0.179817	784,960	63.01
65.00	06500	RESPIRATORY THERAPY	0.185510	7,804,889	65.00
66.00	06600	PHYSICAL THERAPY	0.640074	454,733	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.302921	403,236	67.00
68.00	06800	SPEECH PATHOLOGY	0.519108	684,856	68.00
69.00	06900	ELECTROCARDIOLOGY	0.074254	2,976,030	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247172	16,500	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178	6,117,403	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.690464	2,126,068	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192083	22,245,306	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03950	ORTHOPEDI CS	1.277366	3,061	76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.164199	4,380,540	76.02
76.03	03957	CARDIAC REHABILITATION	0.592915	176,464	76.03
76.04	03190	RADIATION ONCOLOGY	0.340908	261,516	76.04
76.05	03951	MRI	0.110493	1,291,151	76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.152720	0	76.07
76.08	03953	WOUND CARE	0.365987	14,341	76.08
76.09	03954	RENAL DIALYSIS	0.510102	1,487,893	76.09
76.10	03955	INFUSION	0.236194	0	76.10
76.11	03956	CARE TRANSITION CENTER	5.168719	0	76.11
76.12	03958	ANTICOAGULATION CLINIC	0.434015	1,148	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.193697	4,520,073	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.625492	929,317	92.00
200.00		Total (sum of lines 50-94 and 96-98)		90,299,117	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)		90,299,117	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		2,055,165	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.270491	1,802	487 50.00
50.01	05001	OPEN HEART SURGERY	0.283282	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.403548	0	0 50.02
51.00	05100	RECOVERY ROOM	0.196819	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0.358424	844	303 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237287	5,313	1,261 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.254763	278	71 54.01
54.02	05402	ULTRASOUND	0.108577	976	106 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045575	20,301	925 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.145666	223,136	32,503 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398618	0	0 63.00
63.01	06301	NUCLEAR MEDICINE	0.179817	0	0 63.01
65.00	06500	RESPIRATORY THERAPY	0.185510	9,083	1,685 65.00
66.00	06600	PHYSICAL THERAPY	0.640074	2,955	1,891 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.302921	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.519108	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.074254	32,195	2,391 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.247172	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178	15,922	4,127 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.690464	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192083	433,619	83,291 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDICS	1.277366	0	0 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.164199	0	0 76.02
76.03	03957	CARDIAC REHABILITATION	0.592915	0	0 76.03
76.04	03190	RADIATION ONCOLOGY	0.340908	0	0 76.04
76.05	03951	MRI	0.110493	7,652	845 76.05
76.06	03952	BARITRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.152720	215,878	32,969 76.07
76.08	03953	WOUND CARE	0.365987	0	0 76.08
76.09	03954	RENAL DIALYSIS	0.510102	0	0 76.09
76.10	03955	INFUSION	0.236194	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	5.168719	0	0 76.11
76.12	03958	ANTI COAGULATION CLINIC	0.434015	0	0 76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.193697	117,328	22,726 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.625492	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,087,282	185,581 200.00
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)		1,087,282	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Title XIX		Hospital	
				Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,413,967	30.00
31.00	03100	INTENSIVE CARE UNIT		439,847	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		124,080	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.270200	698,017	188,604 50.00
50.01	05001	OPEN HEART SURGERY	0.268287	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.403548	198,923	80,275 50.02
51.00	05100	RECOVERY ROOM	0.196819	129,998	25,586 51.00
53.00	05300	ANESTHESIOLOGY	0.358424	325,120	116,531 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.237287	236,842	56,200 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.254763	199,210	50,751 54.01
54.02	05402	ULTRASOUND	0.108577	187,415	20,349 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.045575	839,416	38,256 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.145406	1,756,384	255,389 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.398618	161,930	64,548 63.00
63.01	06301	NUCLEAR MEDICINE	0.179817	119,327	21,457 63.01
65.00	06500	RESPIRATORY THERAPY	0.185510	866,880	160,815 65.00
66.00	06600	PHYSICAL THERAPY	0.640074	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.302921	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.519108	10,872	5,644 68.00
69.00	06900	ELECTROCARDIOLOGY	0.074254	337,449	25,057 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.244991	4,693	1,150 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178	776,930	201,363 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.690464	151,121	104,344 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.192083	3,350,210	643,518 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03950	ORTHOPEDI CS	1.277366	524	669 76.01
76.02	03140	CARDIOVASCULAR SERVICES	0.163800	541,215	88,651 76.02
76.03	03957	CARDIAC REHABILITATION	0.592915	13,951	8,272 76.03
76.04	03190	RADIATION ONCOLOGY	0.340908	55,704	18,990 76.04
76.05	03951	MRI	0.110493	264,020	29,172 76.05
76.06	03952	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03550	PSYCH ACTIVITY THERAPY	0.152720	0	0 76.07
76.08	03953	WOUND CARE	0.364870	0	0 76.08
76.09	03954	RENAL DIALYSIS	0.510102	0	0 76.09
76.10	03955	INFUSION	0.236194	0	0 76.10
76.11	03956	CARE TRANSITION CENTER	5.168719	0	0 76.11
76.12	03958	ANTI COAGULATION CLINIC	0.434015	0	0 76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.192944	577,434	111,412 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.625492	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		11,803,585	2,317,003 200.00
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)		11,803,585	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,334,598		40.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.270491	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.283282	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.403548	0	0	50.02
51.00	05100 RECOVERY ROOM	0.196819	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.358424	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.237287	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.254763	0	0	54.01
54.02	05402 ULTRASOUND	0.108577	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.045575	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.145666	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.398618	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.179817	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.185510	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.640074	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.302921	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.519108	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.074254	59,706	4,433	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.247172	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.259178	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.690464	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.192083	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03950 ORTHOPEDICS	1.277366	0	0	76.01
76.02	03140 CARDIOVASCULAR SERVICES	0.164199	0	0	76.02
76.03	03957 CARDIAC REHABILITATION	0.592915	0	0	76.03
76.04	03190 RADIATION ONCOLOGY	0.340908	0	0	76.04
76.05	03951 MRI	0.110493	0	0	76.05
76.06	03952 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03550 PSYCH ACTIVITY THERAPY	0.152720	715,473	109,267	76.07
76.08	03953 WOUND CARE	0.365987	0	0	76.08
76.09	03954 RENAL DIALYSIS	0.510102	0	0	76.09
76.10	03955 INFUSION	0.236194	0	0	76.10
76.11	03956 CARE TRANSITION CENTER	5.168719	0	0	76.11
76.12	03958 ANTI COAGULATION CLINIC	0.434015	0	0	76.12
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.193697	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.625492	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		775,179	113,700	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)		775,179	113,700	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER IPPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1 (see instructions)		19,048,197	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1 (see instructions)		6,349,399	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)		1,627,598	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		3,585,974	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		178.76	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.11	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)		1.72	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).		0.73	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)		5.12	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.61	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.85	11.00
12.00	Current year allowable FTE (see instructions)		6.46	12.00
13.00	Total allowable FTE count for the prior year.		7.06	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.		6.30	14.00
15.00	Sum of lines 12 through 14 divided by 3.		6.61	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		6.61	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.036977	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.043985	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.036977	21.00
22.00	IME payment adjustment (see instructions)		579,642	22.00
22.01	IME payment adjustment - Managed Care (see instructions)		0	22.01
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		-1.51	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)		579,642	29.00
29.01	Total IME payment - Managed Care (sum of lines 22.01 and 28.01)		0	29.01
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.43	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.48	31.00
32.00	Sum of lines 30 and 31		29.91	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.89	33.00
34.00	Disproportionate share adjustment (see instructions)		881,932	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XVIII	Hospital	PPS	
			Prior to October 1	On/After October 1	
		0	1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,855	35.00
35.01	Factor 3 (see instructions)		0.000271564	0.000292205	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		2,456,671	2,234,680	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,837,455	563,262	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,400,717		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges (lines 40 through 46)</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		41.01
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41.01)		0		46.00
47.00	Subtotal (see instructions)		30,887,485		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)		30,887,485		49.00
50.00	Payment for inpatient program capital (from Wkst. L, Pt. I and Pt. II, as applicable)		2,264,384		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).		171,848		52.00
53.00	Nursing and Allied Health Managed Care payment		86,001		53.00
54.00	Special add-on payments for new technologies		0		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)		265,803		58.00
59.00	Total (sum of amounts on lines 49 through 58)		33,675,521		59.00
60.00	Primary payer payments		7,858		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		33,667,663		61.00
62.00	Deductibles billed to program beneficiaries		2,179,296		62.00
63.00	Coinurance billed to program beneficiaries		290,864		63.00
64.00	Allowable bad debts (see instructions)		983,267		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		639,124		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		513,839		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		31,836,627		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 PSR		-572		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)		-52,873		70.93
70.94	HRR adjustment amount (see instructions)		-242,260		70.94
70.95	Recovery of accelerated depreciation		0		70.95

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part A Date/Time Prepared: 5/27/2015 5:29 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)		31,540,922		71.00
71.01	Sequestration adjustment (see instructions)		630,818		71.01
72.00	Interim payments		30,484,811		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)		425,293		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)		2,025,546		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: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		11,565	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,231,876	2.00
3.00	PPS payments		18,346,055	3.00
4.00	Outlier payment (see instructions)		120,999	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		284,078	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		11,565	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		61,171	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)		61,171	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		61,171	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		49,606	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)		11,565	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)		18,751,132	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,695,485	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)		15,067,212	27.00
28.00	Direct graduate medical education payments (from Wkst. E-4, line 50)		91,479	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)		15,158,691	30.00
31.00	Primary payer payments		11,305	31.00
32.00	Subtotal (line 30 minus line 31)		15,147,386	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		894,674	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		581,538	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		548,295	36.00
37.00	Subtotal (see instructions)		15,728,924	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		15,728,924	40.00
40.01	Sequestration adjustment (see instructions)		314,578	40.01
41.00	Interim payments		15,078,719	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		335,627	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		24,881	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVII I	Subprovider - IPF	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Wkst. D, Pt. IV, col. 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Wkst. D-4, Pt. III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of physicians' services in a teaching hospital (see instructions)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			0 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			0 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 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)			0 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)			0 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			0 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Wkst. I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			0 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (see instructions)			0 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.50	Pioneer ACO demonstration payment adjustment (see instructions)			0 39.50
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			0 40.00
40.01	Sequestration adjustment (see instructions)			0 40.01
41.00	Interim payments			0 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			0 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 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		30,418,911		15,005,419	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	06/26/2014	65,900	06/26/2014	73,300	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		65,900		73,300	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		30,484,811		15,078,719	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		425,293		335,627	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		30,910,104		15,414,346	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004  
Component CCN: 15S004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Title XVIII

Subprovider -  
IPF

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		751,480		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		751,480		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		50,523		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		802,003		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: 150004

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/27/2015 5:29 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst. S-3, Pt. I col. 15 line 14			5,359 1.00
2.00	Medicare days from Wkst. S-3, Pt. I, col. 6 sum of lines 1, 8-12			15,759 2.00
3.00	Medicare HMO days from Wkst. S-3, Pt. I, col. 6. line 2			2,624 3.00
4.00	Total inpatient days from S-3, Pt. I col. 8 sum of lines 1, 8-12			28,724 4.00
5.00	Total hospital charges from Wkst C, Pt. I, col. 8 line 200			523,702,296 5.00
6.00	Total hospital charity care charges from Wkst. S-10, col. 3 line 20			33,336,200 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)			971,254 8.00
9.00	Sequestration adjustment amount (see instructions)			19,425 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			951,829 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,016,120 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)			-64,291 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 5/27/2015 5:29 pm
		Component CCN: 15S004	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		939,405	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under 42 CFR §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program" (see instructions)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program" (see instructions)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		23.389041	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		939,405	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of physicians' services in a teaching hospital (see instructions)		0	15.00
16.00	Subtotal (see instructions)		939,405	16.00
17.00	Primary payer payments		4,221	17.00
18.00	Subtotal (line 16 less line 17).		935,184	18.00
19.00	Deductibles		159,232	19.00
20.00	Subtotal (line 18 minus line 19)		775,952	20.00
21.00	Coinsurance		9,120	21.00
22.00	Subtotal (line 20 minus line 21)		766,832	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		73,268	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		47,624	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		22,818	25.00
26.00	Subtotal (sum of lines 22 and 24)		814,456	26.00
27.00	Direct graduate medical education payments (from Wkst. E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		3,914	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	30.50
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		818,370	31.00
31.01	Sequestration adjustment (see instructions)		16,367	31.01
32.00	Interim payments		751,480	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus lines 31.01, 32 and 33)		50,523	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		81	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	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: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		11,803,585	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)		11,803,585	0	12.00
<b>CUSTOMARY CHARGES</b>					
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)		11,803,585	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		11,803,585	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
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		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	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)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
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)		0	0	31.00
32.00	Deductibles		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)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	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	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus line 41)		0	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: 150004 Component CCN: 15S004	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 5/27/2015 5:29 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
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
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges	775,179	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)	775,179	0	12.00
<b>CUSTOMARY CHARGES</b>				
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	0.000000	15.00
16.00	Total customary charges (see instructions)	775,179	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	775,179	0	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
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
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
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 5:29 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.76	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			5.12	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.61	6.00
7.00	Enter the lesser of line 5 or line 6			3.61	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	3.52	3.52	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	3.52	3.52	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.55		10.00
11.00	Total weighted FTE count	0.00	6.07		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	6.85		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.13		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	6.35		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	6.35		17.00
18.00	Per resident amount	85,409.60	80,875.36		18.00
19.00	Approved amount for resident costs	0	513,559	513,559	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			513,559	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	16,925	2,731		26.00
27.00	Total Inpatient Days (see instructions)	37,582	37,582		27.00
28.00	Ratio of inpatient days to total inpatient days	0.450349	0.072668		28.00
29.00	Program direct GME amount	231,281	37,319		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		5,273		30.00
31.00	Net Program direct GME amount			263,327	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet E-4 Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Wkst. B, Pt. I, sum of col. 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Wkst. C, Pt. I, col. 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		34,792,337	37.00
38.00	Organ acquisition costs (Wkst. D-4, Pt. III, col. 1, line 69)		0	38.00
39.00	Cost of physicians' services in a teaching hospital (see instructions)		0	39.00
40.00	Primary payer payments (see instructions)		12,079	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		34,780,258	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		18,527,519	42.00
43.00	Primary payer payments (see instructions)		13,160	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		18,514,359	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		53,294,617	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.652604	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.347396	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		263,327	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (title XVIII only) (see instructions)		171,848	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		91,479	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet G Date/Time Prepared: 5/27/2015 5:29 pm		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-159,307,273	0	0	0	1.00
2.00	Temporary investments	13,865,818	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	106,765,085	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,862,263	0	0	0	6.00
7.00	Inventory	3,449,438	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	65,992,643	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)	19,903,448	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,607,761	0	0	0	13.00
14.00	Accumulated depreciation	-145,258,217	0	0	0	14.00
15.00	Buildings	44,603,040	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	157,134	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	144,353,553	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	390,842	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)	53,401,733	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,132,953	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	1,700,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,832,953	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	77,138,134	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	9,421,881	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,976,254	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	166,464	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	4,189,991	0	0	0	43.00
44.00	Other current liabilities	5,513,611	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,268,201	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	292,553	0	0	0	46.00
47.00	Notes payable	2,902,878	0	0	0	47.00
48.00	Unsecured loans	-33,848,572	0	0	0	48.00
49.00	Other long term liabilities	747,425	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-29,905,716	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	-637,515	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	77,775,649				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	77,775,649	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	77,138,134	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

Date/Time Prepared:  
5/27/2015 5:29 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		85,516,158		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		35,913,253				2.00
3.00	Total (sum of line 1 and line 2)		121,429,411		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		121,429,411		0		11.00
12.00	REDUCTION TO FUND BALANCE	191,857		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		191,857		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		121,237,554		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	REDUCTION TO FUND BALANCE		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150004

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/27/2015 5:29 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	31,142,717		31,142,717	1.00
2.00	SUBPROVIDER - IPF	28,665,563		28,665,563	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	59,808,280		59,808,280	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,373,356		8,373,356	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,373,356		8,373,356	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	68,181,636		68,181,636	17.00
18.00	Ancillary services	170,894,919	221,176,783	392,071,702	18.00
19.00	Outpatient services	14,478,635	43,864,940	58,343,575	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		5,105,381	5,105,381	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON-REIMBURSABLE	-22,189,741	16,970,463	-5,219,278	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	231,365,449	287,117,567	518,483,016	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		153,406,762		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)		153,406,762		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet G-3 Date/Time Prepared: 5/27/2015 5:29 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		518,483,016	1.00
2.00	Less contractual allowances and discounts on patients' accounts		332,380,763	2.00
3.00	Net patient revenues (line 1 minus line 2)		186,102,253	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		153,406,762	4.00
5.00	Net income from service to patients (line 3 minus line 4)		32,695,491	5.00
<b>OTHER INCOME</b>				
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	PREMIUM REVENUE		8,684,865	24.00
24.01	OTHER OPERATING REVENUE		5,764,440	24.01
24.02	NET ASSETS RELEASED FROM OPERATIONS		0	24.02
24.03	NON-OPERATING REVENUE		0	24.03
24.04	EQUITY TRANSFERS		0	24.04
24.05	NET ASSETS RELEASED FROM RESTRICTION		0	24.05
25.00	Total other income (sum of lines 6-24)		14,449,305	25.00
26.00	Total (line 5 plus line 25)		47,144,796	26.00
27.00	ALLOWANCE FOR DOUBTFUL ACCOUNTS		11,129,853	27.00
27.01	NON-OPERATING REVENUE		101,690	27.01
27.02	EQUITY TRANSFERS		0	27.02
28.00	Total other expenses (sum of line 27 and subscripts)		11,231,543	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		35,913,253	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

Period: From 01/01/2014

Worksheet H

HHA CCN: 157145

To 12/31/2014

Date/Time Prepared: 5/27/2015 5:29 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		258	258	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	732,767	0	4,871	48,277	36,854	822,769
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,296,741	0	48,290	0	9,294	1,354,325
7.00	Physical Therapy	382,000	0	19,103	54,540	2,065	457,708
8.00	Occupational Therapy	122,161	0	6,330	0	421	128,912
9.00	Speech Pathology	2,157	0	32	0	0	2,189
10.00	Medical Social Services	2,156	0	0	0	0	2,156
11.00	Home Health Aide	56,879	0	11,059	0	850	68,788
12.00	Supplies (see instructions)	0	0	0	0	94,229	94,229
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	2,594,861	0	89,685	102,817	143,971	2,931,334
	Reclassification	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	258	0	258		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	822,769	-76,380	746,389		5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	1,354,325	0	1,354,325		6.00
7.00	Physical Therapy	0	457,708	0	457,708		7.00
8.00	Occupational Therapy	0	128,912	0	128,912		8.00
9.00	Speech Pathology	0	2,189	0	2,189		9.00
10.00	Medical Social Services	0	2,156	0	2,156		10.00
11.00	Home Health Aide	0	68,788	0	68,788		11.00
12.00	Supplies (see instructions)	-55,901	38,328	0	38,328		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-55,901	2,875,433	-76,380	2,799,053		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet H-1 Part I Date/Time Prepared: 5/27/2015 5:29 pm
		HHA CCN: 157145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	258		258		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	746,389	0	258	0	746,647	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,354,325	0	0	0	1,354,325	6.00
7.00	Physical Therapy	457,708	0	0	0	457,708	7.00
8.00	Occupational Therapy	128,912	0	0	0	128,912	8.00
9.00	Speech Pathology	2,189	0	0	0	2,189	9.00
10.00	Medical Social Services	2,156	0	0	0	2,156	10.00
11.00	Home Health Aide	68,788	0	0	0	68,788	11.00
12.00	Supplies (see instructions)	38,328	0	0	0	38,328	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,799,053	0	258	0	2,799,053	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	746,647					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	492,693	1,847,018				6.00
7.00	Physical Therapy	166,510	624,218				7.00
8.00	Occupational Therapy	46,897	175,809				8.00
9.00	Speech Pathology	796	2,985				9.00
10.00	Medical Social Services	784	2,940				10.00
11.00	Home Health Aide	25,024	93,812				11.00
12.00	Supplies (see instructions)	13,943	52,271				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,799,053				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145		Period: From 01/01/2014 To 12/31/2014		Worksheet H-1 Part II Date/Time Prepared: 5/27/2015 5:29 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		258			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	258	0	0	-746,647	2,052,406
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,354,325
7.00	Physical Therapy	0	0	0	0	0	457,708
8.00	Occupational Therapy	0	0	0	0	0	128,912
9.00	Speech Pathology	0	0	0	0	0	2,189
10.00	Medical Social Services	0	0	0	0	0	2,156
11.00	Home Health Aide	0	0	0	0	0	68,788
12.00	Supplies (see instructions)	0	0	0	0	0	38,328
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	258	0	0	-746,647	2,052,406
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	258	0	0		746,647
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.363791

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157145

To 12/31/2014

Part I  
Date/Time Prepared:  
5/27/2015 5:29 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
	0			4.00	5.01	5.02	
1.00 Administrative and General	0	32,462	1,033	692,423	33,120	152,450	1.00
2.00 Skilled Nursing Care	1,847,018	0	0	0	0	0	2.00
3.00 Physical Therapy	624,218	0	0	0	0	0	3.00
4.00 Occupational Therapy	175,809	0	0	0	0	0	4.00
5.00 Speech Pathology	2,985	0	0	0	0	0	5.00
6.00 Medical Social Services	2,940	0	0	0	0	0	6.00
7.00 Home Health Aide	93,812	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	52,271	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,799,053	32,462	1,033	692,423	33,120	152,450	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	PURCHASING RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.05	6.00	7.00	
1.00 Administrative and General	3,607	10,119	925,214	137,483	40,760	42,347	1.00
2.00 Skilled Nursing Care	0	0	1,847,018	274,459	0	0	2.00
3.00 Physical Therapy	0	0	624,218	92,756	0	0	3.00
4.00 Occupational Therapy	0	0	175,809	26,125	0	0	4.00
5.00 Speech Pathology	0	0	2,985	444	0	0	5.00
6.00 Medical Social Services	0	0	2,940	437	0	0	6.00
7.00 Home Health Aide	0	0	93,812	13,940	0	0	7.00
8.00 Supplies (see instructions)	0	0	52,271	7,767	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,607	10,119	3,724,267	553,411	40,760	42,347	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2014

Worksheet H-2

HHA CCN: 157145

To 12/31/2014

Part I  
Date/Time Prepared: 5/27/2015 5:29 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	20,872	0	39,579	0	6,079	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	20,872	0	39,579	0	6,079	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	
		15.00	16.00	17.00	22.00	23.00	23.01	
1.00	Administrative and General	1,541	39,281	378	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	1,541	39,281	378	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS				Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part I Date/Time Prepared: 5/27/2015 5:29 pm		
				Home Health Agency I		PPS		
Cost Center Description	PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal		
	23.02	23.03	23.04	24.00	25.00	26.00		
1.00	Administrative and General	0	0	0	1,253,534	0	1,253,534	1.00
2.00	Skilled Nursing Care	0	0	0	2,121,477	0	2,121,477	2.00
3.00	Physical Therapy	0	0	0	716,974	0	716,974	3.00
4.00	Occupational Therapy	0	0	0	201,934	0	201,934	4.00
5.00	Speech Pathology	0	0	0	3,429	0	3,429	5.00
6.00	Medical Social Services	0	0	0	3,377	0	3,377	6.00
7.00	Home Health Aide	0	0	0	107,752	0	107,752	7.00
8.00	Supplies (see instructions)	0	0	0	60,038	0	60,038	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	4,468,515	0	4,468,515	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	Allocated HHA A&G (see Part II)	Total HHA Costs						
	27.00	28.00						
1.00	Administrative and General						1.00	
2.00	Skilled Nursing Care	827,172	2,948,649				2.00	
3.00	Physical Therapy	279,551	996,525				3.00	
4.00	Occupational Therapy	78,735	280,669				4.00	
5.00	Speech Pathology	1,337	4,766				5.00	
6.00	Medical Social Services	1,317	4,694				6.00	
7.00	Home Health Aide	42,013	149,765				7.00	
8.00	Supplies (see instructions)	23,409	83,447				8.00	
9.00	Drugs	0	0				9.00	
10.00	DME	0	0				10.00	
11.00	Home Dialysis Aide Services	0	0				11.00	
12.00	Respiratory Therapy	0	0				12.00	
13.00	Private Duty Nursing	0	0				13.00	
14.00	Clinic	0	0				14.00	
15.00	Health Promotion Activities	0	0				15.00	
16.00	Day Care Program	0	0				16.00	
17.00	Home Delivered Meals Program	0	0				17.00	
18.00	Homemaker Service	0	0				18.00	
19.00	All Others (specify)	0	0				19.00	
20.00	Total (sum of lines 1-19) (2)	1,253,534	4,468,515				20.00	
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.389904					21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 5:29 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,108	1,013	2,594,861	61,334	61,506	84,559	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,108	1,013	2,594,861	61,334	61,506	84,559	20.00
21.00 Total cost to be allocated	32,462	1,033	692,423	33,120	152,450	3,607	21.00
22.00 Unit cost multiplier	7.902142	1.019743	0.266844	0.539994	2.478620	0.042657	22.00
Cost Center Description	ADMINITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	6.00	7.00	8.00	
1.00 Administrative and General	5,105,381	0	925,214	4,108	4,108	0	1.00
2.00 Skilled Nursing Care	0	0	1,847,018	0	0	0	2.00
3.00 Physical Therapy	0	0	624,218	0	0	0	3.00
4.00 Occupational Therapy	0	0	175,809	0	0	0	4.00
5.00 Speech Pathology	0	0	2,985	0	0	0	5.00
6.00 Medical Social Services	0	0	2,940	0	0	0	6.00
7.00 Home Health Aide	0	0	93,812	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	52,271	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,105,381	0	3,724,267	4,108	4,108	0	20.00
21.00 Total cost to be allocated	10,119	0	553,411	40,760	42,347	0	21.00
22.00 Unit cost multiplier	0.001982	0	0.148596	9.922103	10.308423	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 5:29 pm
			Home Health Agency I	PPS

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)		
	9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	4,108	0	77,554	0	28,648	4,992	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,108	0	77,554	0	28,648	4,992	20.00
21.00	Total cost to be allocated	20,872	0	39,579	0	6,079	1,541	21.00
22.00	Unit cost multiplier	5.080818	0.000000	0.510341	0.000000	0.212196	0.308694	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)		
	16.00	17.00	22.00	23.00	23.01	23.02		
1.00	Administrative and General	5,105,381	5,105,381	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,105,381	5,105,381	0	0	0	0	20.00
21.00	Total cost to be allocated	39,281	378	0	0	0	0	21.00
22.00	Unit cost multiplier	0.007694	0.000074	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-2 Part II Date/Time Prepared: 5/27/2015 5:29 pm
		Home Health Agency I	PPS

Cost Center Description	PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
	23.03	23.04		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/27/2015 5:29 pm
					Title XVIII	Home Health Agency I	PPS
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
	0	1.00	2.00	3.00	4.00	5.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,948,649		2,948,649	14,152	208.36
2.00	Physical Therapy	3.00	996,525	0	996,525	5,200	191.64
3.00	Occupational Therapy	4.00	280,669	0	280,669	1,646	170.52
4.00	Speech Pathology	5.00	4,766	0	4,766	38	125.42
5.00	Medical Social Services	6.00	4,694		4,694	24	195.58
6.00	Home Health Aide	7.00	149,765		149,765	2,059	72.74
7.00	Total (sum of lines 1-6)		4,385,068	0	4,385,068	23,119	
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles							
0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation							
8.00	Skilled Nursing Care	23844	0	10,496			8.00
9.00	Physical Therapy	23844	0	3,981			9.00
10.00	Occupational Therapy	23844	0	1,338			10.00
11.00	Speech Pathology	23844	0	21			11.00
12.00	Medical Social Services	23844	0	25			12.00
13.00	Home Health Aide	23844	0	2,022			13.00
14.00	Total (sum of lines 8-13)		0	17,883			14.00
Cost Center Description							
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)		
0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	83,447	0	83,447	17,563	4.751295
16.00	Cost of Drugs	9.00	0	0	0	91,993	0.000000
Program Visits							
Part B							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles & Coinsurance							
6.00	7.00	8.00	9.00	10.00	11.00		
Cost of Services							
Part A							
Not Subject to Deductibles & Coinsurance							
Subject to Deductibles & Coinsurance							
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	0	10,496	0	2,186,947		1.00
2.00	Physical Therapy	0	3,981	0	762,919		2.00
3.00	Occupational Therapy	0	1,338	0	228,156		3.00
4.00	Speech Pathology	0	21	0	2,634		4.00
5.00	Medical Social Services	0	25	0	4,890		5.00
6.00	Home Health Aide	0	2,022	0	147,080		6.00
7.00	Total (sum of lines 1-6)	0	17,883	0	3,332,626		7.00
Cost Center Description							
6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part I Date/Time Prepared: 5/27/2015 5:29 pm	
				Title XVIII	Home Health Agency I	PPS	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B					
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
	6.00	7.00	8.00	9.00	10.00	11.00	
<b>Supplies and Drugs Cost Computations</b>							
15.00	Cost of Medical Supplies	0	0	0		15.00	
16.00	Cost of Drugs		0	0	0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>							
<b>Cost Per Visit Computation</b>							
1.00	Skilled Nursing Care	2,186,947					1.00
2.00	Physical Therapy	762,919					2.00
3.00	Occupational Therapy	228,156					3.00
4.00	Speech Pathology	2,634					4.00
5.00	Medical Social Services	4,890					5.00
6.00	Home Health Aide	147,080					6.00
7.00	Total (sum of lines 1-6)	3,332,626					7.00
Cost Center Description							
		12.00					
<b>Limitation Cost Computation</b>							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-3 Part II Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.640074	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.302921	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.519108	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.259178	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.192083	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2014 To 12/31/2014	Worksheet H-4 Part I-11 Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	1,855	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	-1,855
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	2,615,795
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	17,534
13.00	Total PPS Reimbursement - LUPA Episodes		0	63,807
14.00	Total PPS Reimbursement - PEP Episodes		0	16,726
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		0	2,712,007
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		0	2,712,007
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		0	2,712,007
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		0	2,712,007
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
30.50	Pioneer ACO demonstration payment adjustment (see instructions)		0	0
31.00	Subtotal (see instructions)		0	2,712,007
31.01	Sequestration adjustment (see instructions)		0	54,240
32.00	Interim payments (see instructions)		0	2,657,767
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 31.01, 32, and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, §115.2		0	0

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

Provider CCN: 150004  
HHA CCN: 157145

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

Worksheet H-5  
Date/Time Prepared:  
5/27/2015 5:29 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		2,657,767	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		0		2,657,767	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		2,657,767	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
				0	1.00	2.00
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150004	Period: From 01/01/2014 To 12/31/2014	Worksheet L Parts I-III Date/Time Prepared: 5/27/2015 5:29 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,029,871	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		59,538	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)		79.58	3.00
4.00	Number of interns & residents (see instructions)		6.61	4.00
5.00	Indirect medical education percentage (see instructions)		2.37	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		48,108	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.43	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.48	8.00
9.00	Sum of lines 7 and 8		29.91	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.25	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		126,867	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,264,384	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00