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: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet S Parts I-III Date/Time Prepared: 3/30/2015 10:18 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 3/30/2015 Time: 10:18 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 REID HOSPITAL & HEALTH CARE SERVICES (150048) 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	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-510,110	-598,047	-28,821	0	1.00
2.00	Subprovider - IPF	0	3,478	523		0	2.00
3.00	Subprovider - IRF	0	21,207	65		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	-485,425	-597,459	-28,821	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 3/27/2015 9:51 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1401 CHESTER BOULEVARD	PO Box:			1.00
2.00	City: RICHMOND	State: IN	Zip Code: 47374	County: WAYNE	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	REID HOSPITAL & HEALTH CARE SERVICES	150048	99915	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	SUBPROVIDER	15S048	99915	4	01/01/2001	N	P	O	4.00
5.00	Subprovider - IRF	REHAB UNIT	15T048	99915	5	01/01/2003	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE	151524	99915		11/03/1993				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2014	12/31/2014	20.00
21.00	Type of Control (see instructions)	2		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,271	1,524	506	235	2,126	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	58	9	9	0		25.00

		Urban/Rural S 1.00	Date of Geogr 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.	2		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.	2		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.	1		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I Date/Time Prepared: 3/27/2015 9:51 am

		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.	01/01/2014	12/31/2014	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)			39.00

		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	N	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 Worksheet L, Part III and L-1, Parts I through 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.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00

		Y/N	IME	Direct GME	IME	Direct GME	
		1.00	2.00	3.00	4.00	5.00	
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00	61.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00			61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00			61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00			61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period.(see instructions).		0.00	0.00			61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00			61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00			61.06

		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
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 Non-Provider Settings					
63.00	Has your facility trained residents in non-provider 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 non-provider 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	
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 non-provider 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	67.00

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	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. 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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
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 respectively 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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	76.00

		1.00	
	Long Term Care Hospital PPS		
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.	N	80.00
	TEFRA Providers		
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.	N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.		86.00

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N		106.00

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				V	XIX	
				1.00	2.00	
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 Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			N		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	Occupational	Speech	Respiratory	
		1.00	2.00	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	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If 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 hospital providers) based on the definition in CMS 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.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	549,082	116,985	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	Y	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y		140.00

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		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:	Contractor's Name:		Contractor's Number:	141.00
142.00	Street:	PO Box:			142.00
143.00	City:	State:		Zip Code:	143.00

		1.00	
144.00	Are provider based physicians' costs included in Worksheet A?	Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y	145.00

		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus 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						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)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2013	12/31/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II | Date/Time Prepared: 3/27/2015 9:51 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	N	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	03/19/2015	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: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 3/27/2015 9:51 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				Y	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				Y	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.				Y	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				N	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.				N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD, LLP	BKD, LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	5025810435	LVCOSTREPORTS@BKD.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-2 Part II Date/Time Prepared: 3/27/2015 9:51 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/19/2015			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		BKD, LLP		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: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 3/27/2015 9:51 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P 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	135	49,275	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)		135	49,275	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	30	10,950	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		165	60,225	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	38	13,870		0	16.00
17.00	SUBPROVIDER - IRF	41.00	20	7,300		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		223				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: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I | Date/Time Prepared: 3/27/2015 9:51 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	17,828	1,829	30,627			1.00
2.00	HMO and other (see instructions)	2,913	4,330				2.00
3.00	HMO IPF Subprovider	310	0				3.00
4.00	HMO IRF Subprovider	218	76				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)	17,828	1,829	30,627			7.00
8.00	INTENSIVE CARE UNIT	2,338	328	5,569			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		112	1,899			13.00
14.00	Total (see instructions)	20,166	2,269	38,095	0.00	2,127.70	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	8,312	0	12,618	0.00	74.78	16.00
17.00	SUBPROVIDER - IRF	1,981	0	2,900	0.00	20.50	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	8,260	0	27,768	0.00	16.80	24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	2,239.78	27.00
28.00	Observation Bed Days		0	2,291			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			351			30.00
31.00	Employee discount days - IRF			6			31.00
32.00	Labor & delivery days (see instructions)	0	63	79			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: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part I Date/Time Prepared: 3/27/2015 9:51 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	5,216	1,561	9,966	1.00
2.00	HMO and other (see instructions)			723	0		2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,216	1,561	9,966	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	598	53	684	16.00
17.00	SUBPROVIDER - IRF	0.00	0	134	7	199	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 3/27/2015 9:51 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	128,105,834	0	128,105,834	4,658,733.68	27.50	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)		58,451,719	96,731	58,548,450	1,538,374.22	38.06	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		6,240,374	0	6,240,374	167,775.74	37.19	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		16,323,879	0	16,323,879			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		10,341,959	0	10,341,959			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,621,509	0	1,621,509	52,208.14	31.06	26.00
27.00	Administrative & General	5.00	10,425,781	-182,938	10,242,843	463,938.23	22.08	27.00
28.00	Administrative & General under contract (see inst.)		4,394,363	0	4,394,363	99,442.92	44.19	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,834,776	0	1,834,776	87,998.50	20.85	30.00
31.00	Laundry & Linen Service	8.00	389,237	-69,048	320,189	30,304.37	10.57	31.00
32.00	Housekeeping	9.00	1,532,082	0	1,532,082	113,797.17	13.46	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,548,241	-1,145,272	1,402,969	35,405.18	39.63	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	934,265	934,265	127,057.03	7.35	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	265,634	314,133	579,767	8,188.46	70.80	38.00
39.00	Central Services and Supply	14.00	605,359	0	605,359	42,183.56	14.35	39.00
40.00	Pharmacy	15.00	3,580,017	0	3,580,017	120,386.10	29.74	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part II Date/Time Prepared: 3/27/2015 9:51 am

		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	
41.00	Medical Records & Medical Records Library	16.00	447,679	0	447,679	23,210.18	19.29	41.00
42.00	Social Service	17.00	1,487,879	0	1,487,879	30,583.21	48.65	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part III Date/Time Prepared: 3/27/2015 9:51 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		132,500,197	0	132,500,197	4,758,176.60	27.85	1.00
2.00	Excluded area salaries (see instructions)		58,451,719	96,731	58,548,450	1,538,374.22	38.06	2.00
3.00	Subtotal salaries (line 1 minus line 2)		74,048,478	-96,731	73,951,747	3,219,802.38	22.97	3.00
4.00	Subtotal other wages & related costs (see inst.)		6,240,374	0	6,240,374	167,775.74	37.19	4.00
5.00	Subtotal wage-related costs (see inst.)		16,323,879	0	16,323,879	0.00	22.07	5.00
6.00	Total (sum of lines 3 thru 5)		96,612,731	-96,731	96,516,000	3,387,578.12	28.49	6.00
7.00	Total overhead cost (see instructions)		29,132,557	-148,860	28,983,697	1,234,703.05	23.47	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part IV Date/Time Prepared: 3/27/2015 9:51 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	2,845,745	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,597,245	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	10,305,486	8.00
9.00	Prescription Drug Plan	849,975	9.00
10.00	Dental, Hearing and Vision Plan	227,747	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	527,456	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	8,023,122	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	289,062	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	26,665,838	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-3 Part V Date/Time Prepared: 3/27/2015 9:51 am

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

HOSPITAL IDENTIFICATION DATA | Provider CCN: 150048 | Component CCN: 151524 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-9 Parts I & II Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Unduplicated Days Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	7,903	0	7,275	0	0	7,903	2.00
3.00	Inpatient Respite Care	30	0	0	0	0	30	3.00
4.00	General Inpatient Care	327	0	0	0	0	327	4.00
5.00	Total Hospice Days	8,260	0	7,275	0	0	8,260	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	208	0	96	0	0	208	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	39.71	0.00	75.78	0.00	0.00	39.71	8.00
9.00	Unduplicated Census Count	208	0	96	0	0	208	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet S-10 | Date/Time Prepared: 3/27/2015 9:51 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.312367	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	15,680,424	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	75,914,661	6.00
7.00	Medicaid cost (line 1 times line 6)	23,713,235	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)	8,032,811	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)	8,032,811	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	17,534,638	7,402,892	24,937,530	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	5,477,242	2,312,419	7,789,661	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	5,477,242	2,312,419	7,789,661	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?	N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	34,219,124	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	710,193	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	33,508,931	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	10,467,084	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	18,256,745	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	26,289,556	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 3/27/2015 9:51 am

		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	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	26,494,545	26,494,545	1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE		0	0	1,793,058	1,793,058	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,621,509	22,487,294	24,108,803	280,409	24,389,212	4.00
5.01	00540	NONPATIENT TELEPHONES	242,156	20,967	263,123	0	263,123	5.01
5.02	00550	DATA PROCESSING	3,350,573	17,684,277	21,034,850	302,821	21,337,671	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	798,271	784,705	1,582,976	49,622	1,632,598	5.03
5.04	00570	ADMITTING	310,565	1,841,826	2,152,391	0	2,152,391	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	389,781	4,575,243	4,965,024	-66,510	4,898,514	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	5,334,435	15,352,556	20,686,991	955,391	21,642,382	5.06
7.00	00700	OPERATION OF PLANT	1,834,776	2,965,221	4,799,997	-13,701	4,786,296	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	389,237	472,084	861,321	-110,212	751,109	8.00
9.00	00900	HOUSEKEEPING	1,532,082	563,454	2,095,536	0	2,095,536	9.00
10.00	01000	DIETARY	2,548,241	2,694,186	5,242,427	-3,156,499	2,085,928	10.00
11.00	01100	CAFETERIA	0	0	0	2,934,856	2,934,856	11.00
13.00	01300	NURSING ADMINISTRATION	265,634	322,713	588,347	304,325	892,672	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	605,359	2,338,243	2,943,602	0	2,943,602	14.00
15.00	01500	PHARMACY	3,580,017	22,634,449	26,214,466	15,515	26,229,981	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	447,679	3,440,472	3,888,151	-19,357	3,868,794	16.00
17.00	01700	SOCIAL SERVICE	701,151	1,617,242	2,318,393	0	2,318,393	17.00
17.01	01701	INSERVICE EDUCATION	786,728	1,116,361	1,903,089	-6,030	1,897,059	17.01
23.00	02300	PARAMED ED PRGM	201,704	31,846	233,550	0	233,550	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,429,581	5,507,036	18,936,617	-16,779	18,919,838	30.00
31.00	03100	INTENSIVE CARE UNIT	3,626,044	1,017,509	4,643,553	0	4,643,553	31.00
40.00	04000	SUBPROVIDER - IPF	3,642,332	453,031	4,095,363	0	4,095,363	40.00
41.00	04100	SUBPROVIDER - IRF	1,270,182	304,469	1,574,651	0	1,574,651	41.00
43.00	04300	NURSERY	537,390	105,167	642,557	0	642,557	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,035,318	36,070,576	38,105,894	-8,454,207	29,651,687	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	657,686	194,917	852,603	0	852,603	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,341,593	6,359,645	11,701,238	-124,688	11,576,550	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,430,115	8,698,221	10,128,336	-4,812,808	5,315,528	59.00
60.00	06000	LABORATORY	3,452,520	7,132,395	10,584,915	-54,667	10,530,248	60.00
65.00	06500	RESPIRATORY THERAPY	1,490,460	471,387	1,961,847	0	1,961,847	65.00
66.00	06600	PHYSICAL THERAPY	4,644,395	1,026,277	5,670,672	-217,423	5,453,249	66.00
69.00	06900	ELECTROCARDIOLOGY	971,950	644,029	1,615,979	-204	1,615,775	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,975	82,699	281,674	-200	281,474	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,969,087	12,969,087	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	679,816	679,816	0	679,816	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	191,742	88,030	279,772	-37,939	241,833	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	4,759,856	2,307,193	7,067,049	-399,303	6,667,746	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,362,465	368,610	1,731,075	59,483	1,790,558	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	785,831	1,566,398	2,352,229	-40,519	2,311,710	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		7,912,106	7,912,106	-7,910,703	1,403	113.00
116.00	11600	HOSPICE	975,466	666,395	1,641,861	0	1,641,861	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,743,799	182,599,045	258,342,844	20,717,363	279,060,207	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	15	3,924,691	3,924,706	-1,793,058	2,131,648	192.00
194.00	07950	RENTAL SPACE	0	17,563,917	17,563,917	-15,577,970	1,985,947	194.00
194.01	07951	FOUNDATION	175,677	224,235	399,912	0	399,912	194.01
194.02	07952	RETAIL SERVICES	86,158	19,603	105,761	0	105,761	194.02
194.03	07953	REID CONTRACTED SERVICES	342,851	30,324	373,175	110,212	483,387	194.03
194.04	07954	REID PHYSICIAN ASSOC.	49,816,988	39,586,957	89,403,945	-2,462,015	86,941,930	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	33,643	33,643	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	627,209	627,398	1,254,607	-414,329	840,278	194.07
194.08	07958	CAMBRIDGE RHC	889,750	871,180	1,760,930	-428,665	1,332,265	194.08
194.09	07959	MAIN STREET FAMILY RHC	392,601	290,483	683,084	-176,736	506,348	194.09
194.10	07960	REID URGENT CARE OF EATON	30,786	22,278	53,064	-8,445	44,619	194.10
200.00		TOTAL (SUM OF LINES 118-199)	128,105,834	245,760,111	373,865,945	0	373,865,945	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-7,915,527	18,579,018		1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	0	1,793,058		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-2,964	-2,964		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-11,227,549	13,161,663		4.00
5.01	00540	NONPATIENT TELEPHONES	0	263,123		5.01
5.02	00550	DATA PROCESSING	-2,320,393	19,017,278		5.02
5.03	00560	PURCHASING RECEIVING AND STORES	-408,443	1,224,155		5.03
5.04	00570	ADMITTING	-18	2,152,373		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	-93	4,898,421		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-3,992,387	17,649,995		5.06
7.00	00700	OPERATION OF PLANT	-841	4,785,455		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	751,109		8.00
9.00	00900	HOUSEKEEPING	0	2,095,536		9.00
10.00	01000	DIETARY	-717,208	1,368,720		10.00
11.00	01100	CAFETERIA	-2,636,360	298,496		11.00
13.00	01300	NURSING ADMINISTRATION	0	892,672		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,943,602		14.00
15.00	01500	PHARMACY	-236,534	25,993,447		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-112,118	3,756,676		16.00
17.00	01700	SOCIAL SERVICE	-98	2,318,295		17.00
17.01	01701	INSERVICE EDUCATION	-867,301	1,029,758		17.01
23.00	02300	PARAMED ED PRGM	-49,570	183,980		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,848,752	16,071,086		30.00
31.00	03100	INTENSIVE CARE UNIT	-33	4,643,520		31.00
40.00	04000	SUBPROVIDER - IPF	0	4,095,363		40.00
41.00	04100	SUBPROVIDER - IRF	-103,445	1,471,206		41.00
43.00	04300	NURSERY	-68	642,489		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-5,550,662	24,101,025		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-150	852,453		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-81,690	11,494,860		54.00
59.00	05900	CARDIAC CATHETERIZATION	-61,722	5,253,806		59.00
60.00	06000	LABORATORY	-892,289	9,637,959		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,961,847		65.00
66.00	06600	PHYSICAL THERAPY	-30,407	5,422,842		66.00
69.00	06900	ELECTROCARDIOLOGY	-59,751	1,556,024		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	281,474		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,969,087		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	679,816		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	241,833		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	-798,158	5,869,588		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
93.00	04040	PATIENT CARE CENTER - OCC	-587	1,789,971		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-781,711	1,529,999		96.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	-1,403	0		113.00
116.00	11600	HOSPICE	-317	1,641,544		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-41,698,549	237,361,658		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,131,648		192.00
194.00	07950	RENTAL SPACE	0	1,985,947		194.00
194.01	07951	FOUNDATION	0	399,912		194.01
194.02	07952	RETAIL SERVICES	0	105,761		194.02
194.03	07953	REID CONTRACTED SERVICES	0	483,387		194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	86,941,930		194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	33,643		194.05
194.06	07956	VACANT SPACE	0	0		194.06
194.07	07957	LYNN RHC	0	840,278		194.07
194.08	07958	CAMBRIDGE RHC	0	1,332,265		194.08
194.09	07959	MAIN STREET FAMILY RHC	0	506,348		194.09
194.10	07960	REID URGENT CARE OF EATON	0	44,619		194.10
200.00		TOTAL (SUM OF LINES 118-199)	-41,698,549	332,167,396		200.00

RECLASSIFICATIONS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 3/27/2015 9:51 am

		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	A - ALLOCATION & SUPPORT RECLASS					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	287,802		1.00
2.00	DATA PROCESSING	5.02	0	315,000		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	133,781		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	982,379		4.00
5.00	PHARMACY	15.00	0	24,500		5.00
	0		0	1,743,462		
	B - CAPITAL EXPENSE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,895,125		1.00
2.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	1,633,009		2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	35,817		3.00
4.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	157,612		4.00
5.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	4,652,900		5.00
6.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	2,437		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	0		0	20,376,900		
	C - CAFETERIA RECLASS					
1.00	CAFETERIA	11.00	934,265	2,000,591		1.00
	0		934,265	2,000,591		
	D - LAUNDRY RECLASS					
1.00	REID CONTRACTED SERVICES	194.03	69,048	41,164		1.00
	0		69,048	41,164		
	E - NURSING VP RECLASS					
1.00	NURSING ADMINISTRATION	13.00	314,133	0		1.00
	0		314,133	0		
	F - QUAKER HILL RECLASS					
1.00	RENTAL SPACE	194.00	0	2,901		1.00
	0		0	2,901		
	G - OCCUPATIONAL MEDICINE RECLASS					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	131,195	234,465		1.00
2.00	OTHER NON REIMBURSABLE COST CENTERS	194.05	27,683	5,960		2.00
	0		158,878	240,425		
	H - IMPLANTABLE DEVICES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	12,969,087		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	0		0	12,969,087		
	I - DIETARY COUNSELING RECLASS					
1.00	PATIENT CARE CENTER - OCC	93.00	211,007	0		1.00
	0		211,007	0		

RECLASSIFICATIONS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 3/27/2015 9:51 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	J - INTEREST RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	7,910,703		1.00
	0		0	7,910,703		
500.00	Grand Total: Increases		1,687,331	45,285,233		500.00

RECLASSIFICATIONS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-6 | Date/Time Prepared: 3/27/2015 9:51 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - ALLOCATION & SUPPORT RECLASS						
1.00	REID PHYSICIAN ASSOC.	194.04	0	809,871	0		1.00
2.00	LYNN RHC	194.07	0	363,428	0		2.00
3.00	CAMBRIDGE RHC	194.08	0	422,613	0		3.00
4.00	MAIN STREET FAMILY RHC	194.09	0	139,105	0		4.00
5.00	REID URGENT CARE OF EATON	194.10	0	8,445	0		5.00
	0		0	1,743,462			
	B - CAPITAL EXPENSE RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7,393	9		1.00
2.00	DATA PROCESSING	5.02	0	12,179	9		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	84,159	13		3.00
4.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	66,510	13		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	78,515	10		5.00
6.00	OPERATION OF PLANT	7.00	0	10,800	10		6.00
7.00	DIETARY	10.00	0	10,636	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	9,808	0		8.00
9.00	PHARMACY	15.00	0	8,985	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	19,357	0		10.00
11.00	INSERVICE EDUCATION	17.01	0	6,030	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	0	16,779	0		12.00
13.00	OPERATING ROOM	50.00	0	307,260	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	115,356	0		14.00
15.00	LABORATORY	60.00	0	54,667	0		15.00
16.00	PHYSICAL THERAPY	66.00	0	217,423	0		16.00
17.00	ELECTROCARDIOLOGY	69.00	0	204	0		17.00
18.00	ELECTROENCEPHALOGRAPHY	70.00	0	200	0		18.00
19.00	CARDIAC REHABILITATION	76.97	0	37,939	0		19.00
20.00	PATIENT CARE CENTER - OCC	93.00	0	151,524	0		20.00
21.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	40,519	0		21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,793,058	0		22.00
23.00	RENTAL SPACE	194.00	0	15,580,871	0		23.00
24.00	REID PHYSICIAN ASSOC.	194.04	0	1,652,144	0		24.00
25.00	LYNN RHC	194.07	0	50,901	0		25.00
26.00	CAMBRIDGE RHC	194.08	0	6,052	0		26.00
27.00	MAIN STREET FAMILY RHC	194.09	0	37,631	0		27.00
	0		0	20,376,900			
	C - CAFETERIA RECLASS						
1.00	DIETARY	10.00	934,265	2,000,591	0		1.00
	0		934,265	2,000,591			
	D - LAUNDRY RECLASS						
1.00	LAUNDRY & LINEN SERVICE	8.00	69,048	41,164	0		1.00
	0		69,048	41,164			
	E - NURSING VP RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	314,133	0	0		1.00
	0		314,133	0			
	F - QUAKER HILL RECLASS						
1.00	OPERATION OF PLANT	7.00	0	2,901	0		1.00
	0		0	2,901			
	G - OCCUPATIONAL MEDICINE RECLASS						
1.00	EMERGENCY	91.00	158,878	240,425	0		1.00
2.00		0.00	0	0	0		2.00
	0		158,878	240,425			
	H - IMPLANTABLE DEVICES RECLASS						
1.00	OPERATING ROOM	50.00	0	8,146,947	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	9,332	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	4,812,808	0		3.00
	0		0	12,969,087			
	I - DIETARY COUNSELING RECLASS						
1.00	DIETARY	10.00	211,007	0	0		1.00
	0		211,007	0			
	J - INTEREST RECLASS						
1.00	INTEREST EXPENSE	113.00	0	7,910,703	11		1.00
	0		0	7,910,703			
500.00	Grand Total: Decreases		1,687,331	45,285,233			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	11,894,138	1,511,827	0	1,511,827	0	1.00
2.00	Land Improvements	33,424,688	732,718	0	732,718	0	2.00
3.00	Buildings and Fixtures	222,714,678	11,230,792	0	11,230,792	0	3.00
4.00	Building Improvements	9,940,633	673,053	0	673,053	0	4.00
5.00	Fixed Equipment	2,083,496	0	0	0	0	5.00
6.00	Movable Equipment	136,780,543	11,491,170	0	11,491,170	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	416,838,176	25,639,560	0	25,639,560	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	416,838,176	25,639,560	0	25,639,560	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	13,405,965	0	1.00
2.00	Land Improvements	34,157,406	0	2.00
3.00	Buildings and Fixtures	233,945,470	0	3.00
4.00	Building Improvements	10,613,686	0	4.00
5.00	Fixed Equipment	2,083,496	0	5.00
6.00	Movable Equipment	148,271,713	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	442,477,736	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	442,477,736	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part II | Date/Time Prepared: 3/27/2015 9:51 am

	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-7 Part III Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	294,206,023	0	294,206,023	0.664906	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	148,271,713	0	148,271,713	0.335094	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	442,477,736	0	442,477,736	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	13,891,704	4,652,900	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	1,633,009	2,437	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	-2,964	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	15,521,749	4,655,337	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: 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	NEW CAP REL COSTS-BLDG & FIXT	-1,403	0	35,817	0	18,579,018	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	157,612	0	1,793,058	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	-2,964	2.00
3.00	Total (sum of lines 1-2)	-1,403	0	193,429	0	20,369,112	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
1.01	Investment income - NEW CAP BLDG & FIXT - OFFSITE (chapter 2)		0	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,895,875			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-5,531,818			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-2,636,360	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	-112,118	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	B	-49,367	PARAMED ED PRGM	23.00	0	19.00
20.00	Vending machines	B	-6,645	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
26.01	Depreciation - NEW CAP BLDG & FIXT - OFFSITE		0	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW 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	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99

ADJUSTMENTS TO EXPENSES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	MISCELLANEOUS INCOME	B	-709,953	DIETARY	10.00	0	33.00
33.01	MISCELLANEOUS INCOME	B	-221,394	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.01
33.02	MISCELLANEOUS INCOME	B	-2,320,393	DATA PROCESSING	5.02	0	33.02
33.03	MISCELLANEOUS INCOME	B	-408,419	PURCHASING RECEIVING AND STORES	5.03	0	33.03
33.04	MISCELLANEOUS INCOME	B	-75	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.04
33.05	MISCELLANEOUS INCOME	B	-605,434	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.06	MISCELLANEOUS INCOME	B	-841	OPERATION OF PLANT	7.00	0	33.06
33.07	MISCELLANEOUS INCOME	B	-1,326	SUBPROVIDER - IRF	41.00	0	33.07
33.08	MISCELLANEOUS INCOME	B	-236,476	PHARMACY	15.00	0	33.08
33.09	MISCELLANEOUS INCOME	B	-34,119	INSERVICE EDUCATION	17.01	0	33.09
33.10	MISCELLANEOUS INCOME	B	4,397	ELECTROCARDIOLOGY	69.00	0	33.10
33.11	MISCELLANEOUS INCOME	B	-28,905	PHYSICAL THERAPY	66.00	0	33.11
33.12	MISCELLANEOUS INCOME	B	-1,742	OPERATING ROOM	50.00	0	33.12
33.13	MISCELLANEOUS INCOME	B	-81,690	RADIOLOGY-DIAGNOSTIC	54.00	0	33.13
33.14	MISCELLANEOUS INCOME	B	-61,722	CARDIAC CATHETERIZATION	59.00	0	33.14
33.15	MISCELLANEOUS INCOME	B	-72,892	LABORATORY	60.00	0	33.15
33.16	MISCELLANEOUS INCOME	B	-636	EMERGENCY	91.00	0	33.16
33.17	MISCELLANEOUS INCOME	B	-778,494	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.17
33.18	MISCELLANEOUS INCOME	B	-1,403	INTEREST EXPENSE	113.00	0	33.18
33.19	MISCELLANEOUS INCOME	B	-3,376	ADULTS & PEDIATRICS	30.00	0	33.19
33.20	MISCELLANEOUS INCOME	B	-10	INTENSIVE CARE UNIT	31.00	0	33.20
33.21	CARRYFORWARD DEPRECIATION	A	-3,333	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.21
33.22	PATIENT ENTERTAINMENT SYSTEM	A	-161,578	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.22
33.23	LIFELINE SUPPORT	A	-2,999	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.23
33.24	LIFELINE SUPPORT	A	-2,964	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.24
33.25	LIFELINE SUPPORT	A	-88	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	33.25
33.26	COUNTRY CLUB DUES	A	-5,598	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.26
33.27	AHA/IHA LOBBYING	A	-12,461	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.27
33.28	INTEREST INCOME	B	-3,445,722	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.28
33.29	MARKETING/ADVERTISING	A	-42,782	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.29
33.30	MARKETING/ADVERTISING	A	-34,186	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.30
33.31	MARKETING/ADVERTISING	A	-800	INSERVICE EDUCATION	17.01	0	33.31
33.32	MARKETING/ADVERTISING	A	-165	SUBPROVIDER - IRF	41.00	0	33.32
33.33	MARKETING/ADVERTISING	A	-84	OPERATING ROOM	50.00	0	33.33
33.34	MARKETING/ADVERTISING	A	-642	PHYSICAL THERAPY	66.00	0	33.34
33.35	MARKETING/ADVERTISING	A	-587	PATIENT CARE CENTER - OCC	93.00	0	33.35
33.36	MARKETING/ADVERTISING	A	-1,240	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.36
33.37	NON-ALLOWABLE EXPENSES	A	-10,000	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.37
33.38	NON-ALLOWABLE EXPENSES	A	-24	PURCHASING RECEIVING AND STORES	5.03	0	33.38
33.39	NON-ALLOWABLE EXPENSES	A	-18	ADMITTING	5.04	0	33.39
33.40	NON-ALLOWABLE EXPENSES	A	-18	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.40
33.41	NON-ALLOWABLE EXPENSES	A	-3,170,041	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.41
33.42	NON-ALLOWABLE EXPENSES	A	-499	DIETARY	10.00	0	33.42
33.43	NON-ALLOWABLE EXPENSES	A	-58	PHARMACY	15.00	0	33.43
33.44	NON-ALLOWABLE EXPENSES	A	-98	SOCIAL SERVICE	17.00	0	33.44
33.45	NON-ALLOWABLE EXPENSES	A	-576,022	INSERVICE EDUCATION	17.01	0	33.45
33.46	NON-ALLOWABLE EXPENSES	A	-203	PARAMED ED PRGM	23.00	0	33.46
33.47	NON-ALLOWABLE EXPENSES	A	-3,262	ADULTS & PEDIATRICS	30.00	0	33.47
33.48	NON-ALLOWABLE EXPENSES	A	-23	INTENSIVE CARE UNIT	31.00	0	33.48
33.49	NON-ALLOWABLE EXPENSES	A	-141	SUBPROVIDER - IRF	41.00	0	33.49

ADJUSTMENTS TO EXPENSES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8 | Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.50	NON-ALLOWABLE EXPENSES	A	-68	NURSERY	43.00	0	33.50
33.51	NON-ALLOWABLE EXPENSES	A	-99	OPERATING ROOM	50.00	0	33.51
33.52	NON-ALLOWABLE EXPENSES	A	-150	DELIVERY ROOM & LABOR ROOM	52.00	0	33.52
33.53	NON-ALLOWABLE EXPENSES	A	-860	PHYSICAL THERAPY	66.00	0	33.53
33.54	NON-ALLOWABLE EXPENSES	A	-2,599	EMERGENCY	91.00	0	33.54
33.55	NON-ALLOWABLE EXPENSES	A	-1,977	DURABLE MEDICAL EQUIP-RENTED	96.00	0	33.55
33.56	NON-ALLOWABLE EXPENSES	A	-317	HOSPICE	116.00	0	33.56
33.57	SELF INSURANCE ADJUSTMENT	A	-10,953,373	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.57
33.58	UNNECESSARY BORROWING	A	-4,466,384	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.58
33.59			0		0.00	0	33.59
33.60			0		0.00	0	33.60
33.61			0		0.00	0	33.61
33.62			0		0.00	0	33.62
33.63			0		0.00	0	33.63
33.64			0		0.00	0	33.64
33.65			0		0.00	0	33.65
33.67			0		0.00	0	33.67
33.68			0		0.00	0	33.68
33.69			0		0.00	0	33.69
33.70			0		0.00	0	33.70
33.71			0		0.00	0	33.71
33.73			0		0.00	0	33.73
33.74			0		0.00	0	33.74
33.75			0		0.00	0	33.75
33.76			0		0.00	0	33.76
33.77			0		0.00	0	33.77
33.78			0		0.00	0	33.78
33.79			0		0.00	0	33.79
33.80			0		0.00	0	33.80
33.81			0		0.00	0	33.81
33.82			0		0.00	0	33.82
33.83			0		0.00	0	33.83
33.84			0		0.00	0	33.84
33.85			0		0.00	0	33.85
33.86			0		0.00	0	33.86
33.87			0		0.00	0	33.87
33.88			0		0.00	0	33.88
33.89			0		0.00	0	33.89
33.90			0		0.00	0	33.90
33.91			0		0.00	0	33.91
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-41,698,549				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: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-1 | Date/Time Prepared: 3/27/2015 9:51 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	50.00	OPERATING ROOM	REID OUTPATIENT SURGERY	16,578,092	22,109,910	1.00
2.00	0.00			0	0	2.00
3.00	0.00			0	0	3.00
4.00	0.00			0	0	4.00
4.01	0.00			0	0	4.01
4.02	0.00			0	0	4.02
5.00	0		0	16,578,092	22,109,910	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		
	Symbol (1)	Name	Percentage of Ownership	Name	Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	A	REID O/P SURGER	55.00		0.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet A-8-1 Date/Time Prepared: 3/27/2015 9:51 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	-5,531,818	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
5.00	-5,531,818			5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet A-8-2 | Date/Time Prepared: 3/27/2015 9:51 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	90	90	0	0	0	1.00
2.00	10.00	DIETARY	111	111	0	0	0	2.00
3.00	17.01	INSERVICE EDUCATION	256,360	256,360	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	2,842,114	2,842,114	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	101,813	101,813	0	0	0	5.00
6.00	50.00	OPERATING ROOM	16,919	16,919	0	0	0	6.00
7.00	60.00	LABORATORY	819,397	819,397	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	64,148	64,148	0	0	0	8.00
9.00	91.00	EMERGENCY	794,923	794,923	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,895,875	4,895,875	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	1.00
2.00	10.00	DIETARY	0	0	0	0	0	2.00
3.00	17.01	INSERVICE EDUCATION	0	0	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	5.00
6.00	50.00	OPERATING ROOM	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	90		1.00
2.00	10.00	DIETARY	0	0	0	111		2.00
3.00	17.01	INSERVICE EDUCATION	0	0	0	256,360		3.00
4.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,842,114		4.00
5.00	41.00	SUBPROVIDER - IRF	0	0	0	101,813		5.00
6.00	50.00	OPERATING ROOM	0	0	0	16,919		6.00
7.00	60.00	LABORATORY	0	0	0	819,397		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	64,148		8.00
9.00	91.00	EMERGENCY	0	0	0	794,923		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	4,895,875		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	1.01	2.00	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	18,579,018	18,579,018				1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	1,793,058	0	1,793,058			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-2,964			-2,964		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	13,161,663	56,376	2,604	0	13,220,643	4.00
5.01	00540	NONPATIENT TELEPHONES	263,123	69,768	0	0	25,311	5.01
5.02	00550	DATA PROCESSING	19,017,278	250,066	7,128	0	350,215	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	1,224,155	287,485	0	0	83,438	5.03
5.04	00570	ADMITTING	2,152,373	37,254	12,264	0	32,461	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	4,898,421	164,868	53,117	0	40,741	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	17,649,995	590,456	45,924	0	538,455	5.06
7.00	00700	OPERATION OF PLANT	4,785,455	3,422,743	27,066	0	191,778	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	751,109	226,590	0	0	33,467	8.00
9.00	00900	HOUSEKEEPING	2,095,536	124,473	0	0	160,139	9.00
10.00	01000	DIETARY	1,368,720	230,870	0	0	146,644	10.00
11.00	01100	CAFETERIA	298,496	181,364	0	0	97,653	11.00
13.00	01300	NURSING ADMINISTRATION	892,672	35,913	0	0	60,600	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,943,602	154,507	0	0	63,275	14.00
15.00	01500	PHARMACY	25,993,447	133,566	0	0	374,198	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,756,676	172,491	38,295	0	46,793	16.00
17.00	01700	SOCIAL SERVICE	2,318,295	22,797	0	0	73,287	17.00
17.01	01701	INSERVICE EDUCATION	1,029,758	191,210	0	0	82,232	17.01
23.00	02300	PARAMED ED PRGM	183,980	68,721	17,445	0	21,083	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,071,086	2,006,812	0	0	1,403,714	30.00
31.00	03100	INTENSIVE CARE UNIT	4,643,520	451,012	0	0	379,009	31.00
40.00	04000	SUBPROVIDER - IPF	4,095,363	410,378	0	0	380,711	40.00
41.00	04100	SUBPROVIDER - IRF	1,471,206	328,780	0	0	132,765	41.00
43.00	04300	NURSERY	642,489	49,249	0	0	56,170	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	24,101,025	1,130,781	85,215	0	212,740	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	852,453	152,762	0	0	68,744	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,494,860	1,145,899	10,415	0	558,325	54.00
59.00	05900	CARDIAC CATHETERIZATION	5,253,806	249,442	0	0	149,481	59.00
60.00	06000	LABORATORY	9,637,959	256,165	0	0	360,871	60.00
65.00	06500	RESPIRATORY THERAPY	1,961,847	30,255	0	0	155,789	65.00
66.00	06600	PHYSICAL THERAPY	5,422,842	925,831	275,452	0	485,451	66.00
69.00	06900	ELECTROCARDIOLOGY	1,556,024	128,790	0	0	101,592	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	281,474	71,495	25,335	0	20,798	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	12,969,087	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	679,816	27,371	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	241,833	83,086	0	0	20,042	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	5,869,588	418,314	0	0	480,913	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,789,971	179,692	5,513	0	164,466	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,529,999	85,345	18,695	0	82,138	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,641,544	8,174	0	0	101,960	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	237,361,658	14,561,151	624,468	0	7,737,449	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,131,648	49,690	15,987	0	2	192.00
194.00	07950	RENTAL SPACE	1,985,947	349,575	123,874	0	0	194.00
194.01	07951	FOUNDATION	399,912	3,784	0	0	18,362	194.01
194.02	07952	RETAIL SERVICES	105,761	42,985	0	0	9,006	194.02
194.03	07953	REID CONTRACTED SERVICES	483,387	0	0	0	43,053	194.03
194.04	07954	REID PHYSICIAN ASSOC.	86,941,930	3,221,248	916,975	0	5,207,065	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	33,643	9,773	0	0	2,894	194.05
194.06	07956	VACANT SPACE	0	340,812	111,754	0	0	194.06
194.07	07957	LYNN RHC	840,278	0	0	0	65,558	194.07
194.08	07958	CAMBRIDGE RHC	1,332,265	0	0	0	93,000	194.08
194.09	07959	MAIN STREET FAMILY RHC	506,348	0	0	0	41,036	194.09

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
			0	1.00	1.01	2.00	4.00	
194.10	07960	REID URGENT CARE OF EATON	44,619	0	0	0	3,218	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	-2,964	0	201.00
202.00		TOTAL (sum lines 118-201)	332,167,396	18,579,018	1,793,058	-2,964	13,220,643	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	358,202					5.01
5.02	00550	DATA PROCESSING	29,433	19,654,120				5.02
5.03	00560	PURCHASING RECEIVING AND STORES	3,908	2,048,918	3,647,904			5.03
5.04	00570	ADMITTING	10,992	301,312	2,489	2,549,145		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	17,220	129,134	4,580	0	5,308,081	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	14,411	241,049	32,846	0	0	5.06
7.00	00700	OPERATION OF PLANT	7,083	0	58,776	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	733	17,218	1,146	0	0	8.00
9.00	00900	HOUSEKEEPING	733	25,827	54,312	0	0	9.00
10.00	01000	DIETARY	10,747	292,703	36,025	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,198	120,525	2,198	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,221	103,307	266,408	0	0	14.00
15.00	01500	PHARMACY	5,252	344,356	248,601	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,305	723,148	6,139	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,152	241,049	10,915	0	0	17.00
17.01	01701	INSERVICE EDUCATION	5,618	1,274,117	7,270	0	0	17.01
23.00	02300	PARAMED ED PRGM	366	86,089	1,236	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,845	2,048,918	254,070	154,269	321,227	30.00
31.00	03100	INTENSIVE CARE UNIT	6,351	301,312	190,472	40,544	84,424	31.00
40.00	04000	SUBPROVIDER - IPF	2,687	129,134	46,790	47,608	99,131	40.00
41.00	04100	SUBPROVIDER - IRF	3,908	241,049	16,407	11,468	23,879	41.00
43.00	04300	NURSERY	0	0	16,906	7,416	15,442	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,082	748,974	608,779	449,569	936,231	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,252	275,485	32,577	22,950	47,788	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,686	1,308,553	429,921	403,311	839,796	54.00
59.00	05900	CARDIAC CATHETERIZATION	3,542	86,089	384,545	212,033	441,506	59.00
60.00	06000	LABORATORY	7,816	499,316	41,384	317,125	660,335	60.00
65.00	06500	RESPIRATORY THERAPY	733	103,307	92,700	34,434	71,700	65.00
66.00	06600	PHYSICAL THERAPY	10,992	895,326	20,539	62,744	130,649	66.00
69.00	06900	ELECTROCARDIOLOGY	1,099	421,836	46,608	89,044	185,412	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	855	68,871	1,827	11,109	23,133	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	47,492	98,891	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	97,806	203,657	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	341,660	711,424	73.00
74.00	07400	RENAL DIALYSIS	611	17,218	5,414	2,791	5,811	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	1,466	17,218	2,484	3,763	7,835	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,015	645,668	129,831	150,492	313,362	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	6,961	335,747	19,794	9,875	20,562	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	3,053	103,307	114,841	22,206	46,239	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,588	25,827	103,470	9,436	19,647	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	258,914	14,221,907	3,292,300	2,549,145	5,308,081	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,938	8,609	4,881	0	0	192.00
194.00	07950	RENTAL SPACE	11,846	0	27,606	0	0	194.00
194.01	07951	FOUNDATION	855	51,653	1,985	0	0	194.01
194.02	07952	RETAIL SERVICES	0	309,920	3,094	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	78,649	5,062,031	293,231	0	0	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	0	9,423	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	0	9,730	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	4,599	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	1,055	0	0	194.10
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)	358,202	19,654,120	3,647,904	2,549,145	5,308,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.05	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	19,113,136	19,113,136				5.06
7.00	00700	OPERATION OF PLANT	8,492,901	518,517	9,011,418			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,030,263	62,901	179,206	1,272,370		8.00
9.00	00900	HOUSEKEEPING	2,461,020	150,253	94,289	0	2,705,562	9.00
10.00	01000	DIETARY	2,085,709	127,339	160,320	0	46,574	10.00
11.00	01100	CAFETERIA	577,513	35,259	143,438	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,114,106	68,020	28,403	0	132,949	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,532,320	215,659	122,197	0	1,652	14.00
15.00	01500	PHARMACY	27,099,420	1,654,501	102,279	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,751,847	290,115	16,882	0	11,065	16.00
17.00	01700	SOCIAL SERVICE	2,670,495	163,042	6,363	0	7,927	17.00
17.01	01701	INSERVICE EDUCATION	2,590,205	158,140	135,433	0	24,278	17.01
23.00	02300	PARAMED ED PRGM	378,920	23,134	40,781	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,287,941	1,360,746	1,571,089	373,538	753,765	30.00
31.00	03100	INTENSIVE CARE UNIT	6,096,644	372,218	356,699	87,846	169,283	31.00
40.00	04000	SUBPROVIDER - IPF	5,211,802	318,196	324,562	89,146	135,757	40.00
41.00	04100	SUBPROVIDER - IRF	2,229,462	136,115	260,027	45,317	89,183	41.00
43.00	04300	NURSERY	787,672	48,090	38,950	62,823	9,249	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,296,396	1,727,580	590,197	242,057	251,696	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,458,011	89,016	120,817	0	56,648	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,209,766	989,655	638,082	114,055	132,289	54.00
59.00	05900	CARDIAC CATHETERIZATION	6,780,444	413,966	66,728	58,878	25,103	59.00
60.00	06000	LABORATORY	11,780,971	719,264	185,599	17	75,641	60.00
65.00	06500	RESPIRATORY THERAPY	2,450,765	149,627	17,347	0	13,873	65.00
66.00	06600	PHYSICAL THERAPY	8,229,826	502,456	700,554	11,417	128,655	66.00
69.00	06900	ELECTROCARDIOLOGY	2,530,405	154,489	8,092	0	35,013	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,897	30,825	78,453	3,997	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	146,383	8,937	0	0	20,479	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,270,550	810,207	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,053,084	64,294	0	0	31,875	73.00
74.00	07400	RENAL DIALYSIS	739,032	45,120	21,647	0	39,967	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	377,727	23,061	0	0	9,909	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,018,183	489,534	330,838	179,098	214,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,532,581	154,622	5,884	3,980	99,258	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,005,823	122,462	54,510	0	1,652	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,911,646	116,712	0	0	17,672	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	220,807,866	12,314,072	6,399,666	1,272,169	2,536,278	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,218,755	135,462	35,681	0	0	192.00
194.00	07950	RENTAL SPACE	2,498,848	152,562	325,724	0	19,819	194.00
194.01	07951	FOUNDATION	476,551	29,095	2,993	0	3,799	194.01
194.02	07952	RETAIL SERVICES	470,766	28,742	9,937	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	526,440	32,141	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	101,721,129	6,210,429	1,885,832	201	145,666	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	46,310	2,827	7,729	0	0	194.05
194.06	07956	VACANT SPACE	452,566	27,631	343,856	0	0	194.06
194.07	07957	LYNN RHC	915,259	55,879	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	1,434,995	87,611	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	551,983	33,700	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	48,892	2,985	0	0	0	194.10
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	-2,964	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	332,167,396	19,113,136	9,011,418	1,272,370	2,705,562	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	2,419,942					10.00
11.00	01100	CAFETERIA	0	756,210				11.00
13.00	01300	NURSING ADMINISTRATION	0	1,753	1,345,231			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,032	0	3,880,860		14.00
15.00	01500	PHARMACY	0	25,777	0	797	28,882,774	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	0	6,548	0	163	0	17.01
23.00	02300	PARAMED ED PRGM	0	1,198	0	23	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,382,418	107,045	430,150	424	9,256	30.00
31.00	03100	INTENSIVE CARE UNIT	251,369	27,343	109,877	718	2,533	31.00
40.00	04000	SUBPROVIDER - IPF	569,541	33,304	133,828	0	1,371	40.00
41.00	04100	SUBPROVIDER - IRF	130,898	9,131	36,690	64	471	41.00
43.00	04300	NURSERY	85,716	3,783	15,202	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	43,820	176,088	1,764,226	205,154	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,837	19,438	878	1,867	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	41,205	165,581	3,299	534,111	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,773	43,291	1,465,287	3,261	59.00
60.00	06000	LABORATORY	0	33,246	0	298,458	46	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,533	46,345	1,067	22,644	65.00
66.00	06600	PHYSICAL THERAPY	0	34,990	0	848	339	66.00
69.00	06900	ELECTROCARDIOLOGY	0	7,585	0	0	230,679	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,509	0	0	5	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	23,575,247	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	481	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	1,585	6,370	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	40,407	162,371	176	82,022	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	14,040	0	0	1,096	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	9,401	0	179,464	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	7,482	0	20	158,505	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,419,942	487,327	1,345,231	3,715,912	24,829,088	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	1,898	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	1,193	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	4,827	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	247,536	0	164,540	3,967,362	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	5,390	0	220	17,335	194.07
194.08	07958	CAMBRIDGE RHC	0	5,535	0	188	47,881	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	2,286	0	0	18,466	194.09
194.10	07960	REID URGENT CARE OF EATON	0	218	0	0	2,642	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,419,942	756,210	1,345,231	3,880,860	28,882,774	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
			16.00	17.00	17.01	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	5,069,909					16.00
17.00	01700	SOCIAL SERVICE	0	2,847,827				17.00
17.01	01701	INSERVICE EDUCATION	0	0	2,914,767			17.01
23.00	02300	PARAMED ED PRGM	0	0	10,229	454,285		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	306,782	1,542,730	795,956	0	30,921,840	30.00
31.00	03100	INTENSIVE CARE UNIT	80,627	366,351	196,520	0	8,118,028	31.00
40.00	04000	SUBPROVIDER - IPF	94,673	0	207,690	0	7,119,870	40.00
41.00	04100	SUBPROVIDER - IRF	22,806	0	55,846	0	3,016,010	41.00
43.00	04300	NURSERY	14,748	0	28,041	0	1,094,274	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	894,657	0	50,673	0	34,242,544	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,639	15,088	37,858	0	1,850,097	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	802,032	0	140,439	454,285	20,224,799	54.00
59.00	05900	CARDIAC CATHETERIZATION	421,652	0	48,322	0	9,337,705	59.00
60.00	06000	LABORATORY	630,640	0	77,244	0	13,801,126	60.00
65.00	06500	RESPIRATORY THERAPY	68,475	0	68,779	0	2,850,455	65.00
66.00	06600	PHYSICAL THERAPY	124,774	0	98,054	0	9,831,913	66.00
69.00	06900	ELECTROCARDIOLOGY	177,074	0	30,216	0	3,173,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	22,092	0	3,468	0	645,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	94,444	0	0	0	270,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	194,499	0	0	0	14,275,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	679,432	0	0	0	25,403,932	73.00
74.00	07400	RENAL DIALYSIS	5,550	0	8,700	0	860,497	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	7,483	0	8,994	0	435,129	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	299,270	923,658	197,755	0	10,938,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	19,637	0	43,325	0	2,874,423	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	44,159	0	17,518	0	2,434,989	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	18,764	0	31,921	0	2,262,722	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,069,909	2,847,827	2,157,548	454,285	205,982,829	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,389,898	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	2,996,953	194.00
194.01	07951	FOUNDATION	0	0	5,056	0	519,392	194.01
194.02	07952	RETAIL SERVICES	0	0	1,705	0	512,343	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	563,408	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	0	467,640	0	114,810,335	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	245,489	0	302,355	194.05
194.06	07956	VACANT SPACE	0	0	0	0	824,053	194.06
194.07	07957	LYNN RHC	0	0	13,227	0	1,007,310	194.07
194.08	07958	CAMBRIDGE RHC	0	0	21,927	0	1,598,137	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0	0	606,435	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	2,175	0	56,912	194.10
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-2,964	201.00
202.00		TOTAL (sum lines 118-201)	5,069,909	2,847,827	2,914,767	454,285	332,167,396	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
17.01	01701	INSERVICE EDUCATION				17.01
23.00	02300	PARAMED ED PRGM				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30,921,840		30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,118,028		31.00
40.00	04000	SUBPROVIDER - IPF	0	7,119,870		40.00
41.00	04100	SUBPROVIDER - IRF	0	3,016,010		41.00
43.00	04300	NURSERY	0	1,094,274		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	34,242,544		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,850,097		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,224,799		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	9,337,705		59.00
60.00	06000	LABORATORY	0	13,801,126		60.00
65.00	06500	RESPIRATORY THERAPY	0	2,850,455		65.00
66.00	06600	PHYSICAL THERAPY	0	9,831,913		66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,173,553		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	645,246		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	270,243		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,275,256		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	25,403,932		73.00
74.00	07400	RENAL DIALYSIS	0	860,497		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	435,129		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	10,938,178		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,874,423		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	2,434,989		96.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	2,262,722		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	205,982,829		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,389,898		192.00
194.00	07950	RENTAL SPACE	0	2,996,953		194.00
194.01	07951	FOUNDATION	0	519,392		194.01
194.02	07952	RETAIL SERVICES	0	512,343		194.02
194.03	07953	REID CONTRACTED SERVICES	0	563,408		194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	114,810,335		194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	302,355		194.05
194.06	07956	VACANT SPACE	0	824,053		194.06
194.07	07957	LYNN RHC	0	1,007,310		194.07
194.08	07958	CAMBRIDGE RHC	0	1,598,137		194.08
194.09	07959	MAIN STREET FAMILY RHC	0	606,435		194.09
194.10	07960	REID URGENT CARE OF EATON	0	56,912		194.10
200.00		Cross Foot Adjustments	0	0		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part I Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
201.00	Negative Cost Centers	0	-2,964		201.00
202.00	TOTAL (sum lines 118-201)	0	332,167,396		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
				NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP	Subtotal	
			0	1.00	1.01	2.00	2A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	24,398	56,376	2,604	0	83,378	4.00
5.01	00540	NONPATIENT TELEPHONES	1,847	69,768	0	0	71,615	5.01
5.02	00550	DATA PROCESSING	3,464,467	250,066	7,128	0	3,721,661	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	14,313	287,485	0	0	301,798	5.03
5.04	00570	ADMITTING	8,902	37,254	12,264	0	58,420	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	24,386	164,868	53,117	0	242,371	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	151,167	590,456	45,924	0	787,547	5.06
7.00	00700	OPERATION OF PLANT	93,956	3,422,743	27,066	0	3,543,765	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	105,512	226,590	0	0	332,102	8.00
9.00	00900	HOUSEKEEPING	12,834	124,473	0	0	137,307	9.00
10.00	01000	DIETARY	198,698	230,870	0	0	429,568	10.00
11.00	01100	CAFETERIA	0	181,364	0	0	181,364	11.00
13.00	01300	NURSING ADMINISTRATION	4,933	35,913	0	0	40,846	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	169,595	154,507	0	0	324,102	14.00
15.00	01500	PHARMACY	87,557	133,566	0	0	221,123	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	31,077	172,491	38,295	0	241,863	16.00
17.00	01700	SOCIAL SERVICE	7,020	22,797	0	0	29,817	17.00
17.01	01701	INSERVICE EDUCATION	23,864	191,210	0	0	215,074	17.01
23.00	02300	PARAMED ED PRGM	5,744	68,721	17,445	0	91,910	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	395,848	2,006,812	0	0	2,402,660	30.00
31.00	03100	INTENSIVE CARE UNIT	195,748	451,012	0	0	646,760	31.00
40.00	04000	SUBPROVIDER - IPF	31,621	410,378	0	0	441,999	40.00
41.00	04100	SUBPROVIDER - IRF	41,799	328,780	0	0	370,579	41.00
43.00	04300	NURSERY	6,690	49,249	0	0	55,939	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	926,863	1,130,781	85,215	0	2,142,859	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	37,874	152,762	0	0	190,636	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,192,567	1,145,899	10,415	0	2,348,881	54.00
59.00	05900	CARDIAC CATHETERIZATION	412,057	249,442	0	0	661,499	59.00
60.00	06000	LABORATORY	350,842	256,165	0	0	607,007	60.00
65.00	06500	RESPIRATORY THERAPY	44,093	30,255	0	0	74,348	65.00
66.00	06600	PHYSICAL THERAPY	94,277	925,831	275,452	0	1,295,560	66.00
69.00	06900	ELECTROCARDIOLOGY	129,004	128,790	0	0	257,794	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,910	71,495	25,335	0	140,740	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,503	27,371	0	0	30,874	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	24,854	83,086	0	0	107,940	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	220,279	418,314	0	0	638,593	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	29,674	179,692	5,513	0	214,879	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	33,818	85,345	18,695	0	137,858	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,150	8,174	0	0	9,324	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,646,741	14,561,151	624,468	0	23,832,360	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	41,881	49,690	15,987	0	107,558	192.00
194.00	07950	RENTAL SPACE	297,032	349,575	123,874	0	770,481	194.00
194.01	07951	FOUNDATION	1,832	3,784	0	0	5,616	194.01
194.02	07952	RETAIL SERVICES	0	42,985	0	0	42,985	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	1,430,585	3,221,248	916,975	0	5,568,808	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	9,773	0	0	9,773	194.05
194.06	07956	VACANT SPACE	0	340,812	111,754	0	452,566	194.06
194.07	07957	LYNN RHC	16,204	0	0	0	16,204	194.07
194.08	07958	CAMBRIDGE RHC	15,144	0	0	0	15,144	194.08
194.09	07959	MAIN STREET FAMILY RHC	5,788	0	0	0	5,788	194.09
194.10	07960	REID URGENT CARE OF EATON	736	0	0	0	736	194.10

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers		0	0	-2,964	-2,964	201.00
202.00	TOTAL (sum lines 118-201)	10,455,943	18,579,018	1,793,058	-2,964	30,825,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	
			4.00	5.01	5.02	5.03	5.04	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	83,378					4.00
5.01	00540	NONPATIENT TELEPHONES	160	71,775				5.01
5.02	00550	DATA PROCESSING	2,208	5,898	3,729,767			5.02
5.03	00560	PURCHASING RECEIVING AND STORES	526	783	388,824	691,931		5.03
5.04	00570	ADMITTING	205	2,202	57,180	472	118,479	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	257	3,450	24,506	869	0	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	3,395	2,888	45,744	6,230	0	5.06
7.00	00700	OPERATION OF PLANT	1,209	1,419	0	11,149	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	211	147	3,267	217	0	8.00
9.00	00900	HOUSEKEEPING	1,010	147	4,901	10,302	0	9.00
10.00	01000	DIETARY	925	2,153	55,546	6,833	0	10.00
11.00	01100	CAFETERIA	616	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	382	440	22,872	417	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	399	245	19,605	50,532	0	14.00
15.00	01500	PHARMACY	2,359	1,052	65,349	47,155	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	295	1,664	137,232	1,164	0	16.00
17.00	01700	SOCIAL SERVICE	462	832	45,744	2,070	0	17.00
17.01	01701	INSERVICE EDUCATION	518	1,126	241,790	1,379	0	17.01
23.00	02300	PARAMED ED PRGM	133	73	16,337	234	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,850	5,580	388,824	48,192	7,183	30.00
31.00	03100	INTENSIVE CARE UNIT	2,390	1,273	57,180	36,129	1,888	31.00
40.00	04000	SUBPROVIDER - IPF	2,400	538	24,506	8,875	2,217	40.00
41.00	04100	SUBPROVIDER - IRF	837	783	45,744	3,112	534	41.00
43.00	04300	NURSERY	354	0	0	3,207	345	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,341	4,625	142,133	115,473	20,723	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	433	1,052	52,279	6,179	1,069	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,520	3,744	248,324	81,547	18,778	54.00
59.00	05900	CARDIAC CATHETERIZATION	942	710	16,337	72,940	9,872	59.00
60.00	06000	LABORATORY	2,275	1,566	94,755	7,850	14,765	60.00
65.00	06500	RESPIRATORY THERAPY	982	147	19,605	17,583	1,603	65.00
66.00	06600	PHYSICAL THERAPY	3,061	2,202	169,906	3,896	2,921	66.00
69.00	06900	ELECTROCARDIOLOGY	641	220	80,052	8,841	4,146	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	131	171	13,070	346	517	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,211	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,554	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	15,908	73.00
74.00	07400	RENAL DIALYSIS	0	122	3,267	1,027	130	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	126	294	3,267	471	175	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	3,032	2,007	122,528	24,626	7,007	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,037	1,395	63,715	3,754	460	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	518	612	19,605	21,783	1,034	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	643	318	4,901	19,626	439	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	48,783	51,878	2,698,895	624,480	118,479	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,591	1,634	926	0	192.00
194.00	07950	RENTAL SPACE	0	2,374	0	5,236	0	194.00
194.01	07951	FOUNDATION	116	171	9,802	377	0	194.01
194.02	07952	RETAIL SERVICES	57	0	58,814	587	0	194.02
194.03	07953	REID CONTRACTED SERVICES	271	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	32,855	15,761	960,622	55,620	0	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	18	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	413	0	0	1,787	0	194.07
194.08	07958	CAMBRIDGE RHC	586	0	0	1,846	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	259	0	0	872	0	194.09
194.10	07960	REID URGENT CARE OF EATON	20	0	0	200	0	194.10
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)	83,378	71,775	3,729,767	691,931	118,479	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	5.06	7.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	271,453					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	0	845,804				5.06
7.00	00700	OPERATION OF PLANT	0	22,948	3,580,490			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,784	71,204	409,932		8.00
9.00	00900	HOUSEKEEPING	0	6,650	37,464	0	197,781	9.00
10.00	01000	DIETARY	0	5,636	63,700	0	3,405	10.00
11.00	01100	CAFETERIA	0	1,560	56,992	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	3,010	11,285	0	9,719	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,544	48,552	0	121	14.00
15.00	01500	PHARMACY	0	73,223	40,638	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	12,839	6,708	0	809	16.00
17.00	01700	SOCIAL SERVICE	0	7,216	2,528	0	580	17.00
17.01	01701	INSERVICE EDUCATION	0	6,999	53,811	0	1,775	17.01
23.00	02300	PARAMED ED PRGM	0	1,024	16,203	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,440	60,222	624,238	120,347	55,101	30.00
31.00	03100	INTENSIVE CARE UNIT	4,321	16,473	141,726	28,302	12,375	31.00
40.00	04000	SUBPROVIDER - IPF	5,074	14,082	128,958	28,721	9,924	40.00
41.00	04100	SUBPROVIDER - IRF	1,222	6,024	103,316	14,600	6,519	41.00
43.00	04300	NURSERY	790	2,128	15,476	20,240	676	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,701	76,457	234,502	77,986	18,399	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,446	3,940	48,004	0	4,141	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	42,981	43,799	253,528	36,746	9,671	54.00
59.00	05900	CARDIAC CATHETERIZATION	22,596	18,321	26,513	18,969	1,835	59.00
60.00	06000	LABORATORY	33,796	31,832	73,744	6	5,529	60.00
65.00	06500	RESPIRATORY THERAPY	3,670	6,622	6,892	0	1,014	65.00
66.00	06600	PHYSICAL THERAPY	6,687	22,237	278,350	3,678	9,405	66.00
69.00	06900	ELECTROCARDIOLOGY	9,489	6,837	3,215	0	2,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,184	1,364	31,171	1,288	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,061	396	0	0	1,497	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,423	35,857	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	36,411	2,845	0	0	2,330	73.00
74.00	07400	RENAL DIALYSIS	297	1,997	8,601	0	2,922	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	401	1,021	0	0	724	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	16,038	21,665	131,451	57,702	15,707	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,052	6,843	2,338	1,282	7,256	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,367	5,420	21,658	0	121	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,006	5,165	0	0	1,292	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	271,453	544,980	2,542,766	409,867	185,406	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,995	14,177	0	0	192.00
194.00	07950	RENTAL SPACE	0	6,752	129,419	0	1,449	194.00
194.01	07951	FOUNDATION	0	1,288	1,189	0	278	194.01
194.02	07952	RETAIL SERVICES	0	1,272	3,948	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	1,422	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	274,774	749,297	65	10,648	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	125	3,071	0	0	194.05
194.06	07956	VACANT SPACE	0	1,223	136,623	0	0	194.06
194.07	07957	LYNN RHC	0	2,473	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	3,877	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	1,491	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	132	0	0	0	194.10
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)	271,453	845,804	3,580,490	409,932	197,781	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	567,766					10.00
11.00	01100	CAFETERIA	0	240,532				11.00
13.00	01300	NURSING ADMINISTRATION	0	558	89,529			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,873	0	455,973		14.00
15.00	01500	PHARMACY	0	8,199	0	94	459,192	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	0	2,083	0	19	0	17.01
23.00	02300	PARAMED ED PRGM	0	381	0	3	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	324,342	34,049	28,627	50	147	30.00
31.00	03100	INTENSIVE CARE UNIT	58,976	8,697	7,313	84	40	31.00
40.00	04000	SUBPROVIDER - IPF	133,626	10,593	8,907	0	22	40.00
41.00	04100	SUBPROVIDER - IRF	30,711	2,904	2,442	8	7	41.00
43.00	04300	NURSERY	20,111	1,203	1,012	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	13,938	11,719	207,280	3,262	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,539	1,294	103	30	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,107	11,020	388	8,492	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,427	2,881	172,163	52	59.00
60.00	06000	LABORATORY	0	10,575	0	35,067	1	60.00
65.00	06500	RESPIRATORY THERAPY	0	3,668	3,084	125	360	65.00
66.00	06600	PHYSICAL THERAPY	0	11,130	0	100	5	66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,412	0	0	3,667	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	480	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	374,810	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	8	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	504	424	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	12,852	10,806	21	1,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	4,466	0	0	17	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	2,990	0	21,086	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	2,380	0	2	2,520	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	567,766	155,008	89,529	436,593	394,744	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	604	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	379	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	1,535	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	78,736	0	19,332	63,075	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	1,714	0	26	276	194.07
194.08	07958	CAMBRIDGE RHC	0	1,760	0	22	761	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	727	0	0	294	194.09
194.10	07960	REID URGENT CARE OF EATON	0	69	0	0	42	194.10
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)	567,766	240,532	89,529	455,973	459,192	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
			16.00	17.00	17.01	23.00	24.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	402,574					16.00
17.00	01700	SOCIAL SERVICE	0	89,249				17.00
17.01	01701	INSERVICE EDUCATION	0	0	524,574			17.01
23.00	02300	PARAMED ED PRGM	0	0	1,841	128,139		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	24,341	48,348	143,248		4,340,789	30.00
31.00	03100	INTENSIVE CARE UNIT	6,397	11,481	35,368		1,077,173	31.00
40.00	04000	SUBPROVIDER - IPF	7,512	0	37,378		865,332	40.00
41.00	04100	SUBPROVIDER - IRF	1,809	0	10,051		601,202	41.00
43.00	04300	NURSERY	1,170	0	5,047		127,698	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	71,292	0	9,120		3,198,810	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,621	473	6,813		324,052	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63,637	0	25,275		3,213,438	54.00
59.00	05900	CARDIAC CATHETERIZATION	33,456	0	8,697		1,071,210	59.00
60.00	06000	LABORATORY	50,038	0	13,902		982,708	60.00
65.00	06500	RESPIRATORY THERAPY	5,433	0	12,378		157,514	65.00
66.00	06600	PHYSICAL THERAPY	9,900	0	17,647		1,836,685	66.00
69.00	06900	ELECTROCARDIOLOGY	14,050	0	5,438		399,361	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,753	0	624		192,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,494	0	0		16,659	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,432	0	0		66,266	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	53,909	0	0		486,213	73.00
74.00	07400	RENAL DIALYSIS	440	0	1,566		51,251	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0		0	76.01
76.97	07697	CARDIAC REHABILITATION	594	0	1,619		117,560	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	23,745	28,947	35,590		1,153,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,558	0	7,797		317,849	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	3,504	0	3,153		241,709	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,489	0	5,745		54,850	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	402,574	89,249	388,297	0	20,894,789	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		131,881	192.00
194.00	07950	RENTAL SPACE	0	0	0		915,711	194.00
194.01	07951	FOUNDATION	0	0	910		20,351	194.01
194.02	07952	RETAIL SERVICES	0	0	307		108,349	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0		3,228	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	0	84,162		7,913,755	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	44,181		57,168	194.05
194.06	07956	VACANT SPACE	0	0	0		590,412	194.06
194.07	07957	LYNN RHC	0	0	2,380		25,273	194.07
194.08	07958	CAMBRIDGE RHC	0	0	3,946		27,942	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0		9,431	194.09
194.10	07960	REID URGENT CARE OF EATON	0	0	391		1,590	194.10
200.00		Cross Foot Adjustments				128,139	128,139	200.00
201.00		Negative Cost Centers	0	0	0	0	-2,964	201.00
202.00		TOTAL (sum lines 118-201)	402,574	89,249	524,574	128,139	30,825,055	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00540	NONPATIENT TELEPHONES				5.01
5.02	00550	DATA PROCESSING				5.02
5.03	00560	PURCHASING RECEIVING AND STORES				5.03
5.04	00570	ADMITTING				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL				5.06
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
17.01	01701	INSERVICE EDUCATION				17.01
23.00	02300	PARAMED ED PRGM				23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	4,340,789		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,077,173		31.00
40.00	04000	SUBPROVIDER - IPF	0	865,332		40.00
41.00	04100	SUBPROVIDER - IRF	0	601,202		41.00
43.00	04300	NURSERY	0	127,698		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	3,198,810		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	324,052		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,213,438		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,071,210		59.00
60.00	06000	LABORATORY	0	982,708		60.00
65.00	06500	RESPIRATORY THERAPY	0	157,514		65.00
66.00	06600	PHYSICAL THERAPY	0	1,836,685		66.00
69.00	06900	ELECTROCARDIOLOGY	0	399,361		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	192,839		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	16,659		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,266		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	486,213		73.00
74.00	07400	RENAL DIALYSIS	0	51,251		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	117,560		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	1,153,621		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	317,849		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	241,709		96.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	54,850		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	20,894,789		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	131,881		192.00
194.00	07950	RENTAL SPACE	0	915,711		194.00
194.01	07951	FOUNDATION	0	20,351		194.01
194.02	07952	RETAIL SERVICES	0	108,349		194.02
194.03	07953	REID CONTRACTED SERVICES	0	3,228		194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	7,913,755		194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	57,168		194.05
194.06	07956	VACANT SPACE	0	590,412		194.06
194.07	07957	LYNN RHC	0	25,273		194.07
194.08	07958	CAMBRIDGE RHC	0	27,942		194.08
194.09	07959	MAIN STREET FAMILY RHC	0	9,431		194.09
194.10	07960	REID URGENT CARE OF EATON	0	1,590		194.10
200.00		Cross Foot Adjustments	0	128,139		200.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B Part II Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
201.00	Negative Cost Centers	0	-2,964		201.00
202.00	TOTAL (sum lines 118-201)	0	30,825,055		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
			1.00	1.01	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,011,397					1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	0	275,456				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,069	400	0	126,484,325		4.00
5.01	00540	NONPATIENT TELEPHONES	3,798	0	0	242,156	2,933	5.01
5.02	00550	DATA PROCESSING	13,613	1,095	0	3,350,573	241	5.02
5.03	00560	PURCHASING RECEIVING AND STORES	15,650	0	0	798,271	32	5.03
5.04	00570	ADMITTING	2,028	1,884	0	310,565	90	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	8,975	8,160	0	389,781	141	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	32,143	7,055	0	5,151,497	118	5.06
7.00	00700	OPERATION OF PLANT	186,326	4,158	0	1,834,776	58	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,335	0	0	320,189	6	8.00
9.00	00900	HOUSEKEEPING	6,776	0	0	1,532,082	6	9.00
10.00	01000	DIETARY	12,568	0	0	1,402,969	88	10.00
11.00	01100	CAFETERIA	9,873	0	0	934,265	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,955	0	0	579,767	18	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,411	0	0	605,359	10	14.00
15.00	01500	PHARMACY	7,271	0	0	3,580,017	43	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,390	5,883	0	447,679	68	16.00
17.00	01700	SOCIAL SERVICE	1,241	0	0	701,151	34	17.00
17.01	01701	INSERVICE EDUCATION	10,409	0	0	786,728	46	17.01
23.00	02300	PARAMED ED PRGM	3,741	2,680	0	201,704	3	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	109,246	0	0	13,429,581	228	30.00
31.00	03100	INTENSIVE CARE UNIT	24,552	0	0	3,626,044	52	31.00
40.00	04000	SUBPROVIDER - IPF	22,340	0	0	3,642,332	22	40.00
41.00	04100	SUBPROVIDER - IRF	17,898	0	0	1,270,182	32	41.00
43.00	04300	NURSERY	2,681	0	0	537,390	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,557	13,091	0	2,035,318	189	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,316	0	0	657,686	43	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	62,380	1,600	0	5,341,593	153	54.00
59.00	05900	CARDIAC CATHETERIZATION	13,579	0	0	1,430,115	29	59.00
60.00	06000	LABORATORY	13,945	0	0	3,452,520	64	60.00
65.00	06500	RESPIRATORY THERAPY	1,647	0	0	1,490,460	6	65.00
66.00	06600	PHYSICAL THERAPY	50,400	42,316	0	4,644,395	90	66.00
69.00	06900	ELECTROCARDIOLOGY	7,011	0	0	971,950	9	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,892	3,892	0	198,975	7	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,490	0	0	0	5	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	4,523	0	0	191,742	12	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	22,772	0	0	4,600,978	82	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	9,782	847	0	1,573,472	57	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,646	2,872	0	785,831	25	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	445	0	0	975,466	13	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	792,674	95,933	0	74,025,559	2,120	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,705	2,456	0	15	65	192.00
194.00	07950	RENTAL SPACE	19,030	19,030	0	0	97	194.00
194.01	07951	FOUNDATION	206	0	0	175,677	7	194.01
194.02	07952	RETAIL SERVICES	2,340	0	0	86,158	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	411,899	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	175,357	140,869	0	49,816,988	644	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	532	0	0	27,683	0	194.05
194.06	07956	VACANT SPACE	18,553	17,168	0	0	0	194.06
194.07	07957	LYNN RHC	0	0	0	627,209	0	194.07
194.08	07958	CAMBRIDGE RHC	0	0	0	889,750	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0	392,601	0	194.09

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
			1.00	1.01	2.00	4.00	5.01	
194.10	07960	REID URGENT CARE OF EATON	0	0	0	30,786	0	194.10
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)	18,579,018	1,793,058	-2,964	13,220,643	358,202	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	18.369659	6.509417	0.000000	0.104524	122.128196	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				83,378	71,775	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000659	24.471531	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	2,283					5.02
5.03	00560	PURCHASING RECEIVING AND STORES	238	9,683,624				5.03
5.04	00570	ADMITTING	35	6,607	659,424,656			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	15	12,159	0	659,424,656		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	28	87,191	0	0	-19,113,136	5.06
7.00	00700	OPERATION OF PLANT	0	156,024	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2	3,042	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3	144,174	0	0	0	9.00
10.00	01000	DIETARY	34	95,630	0	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	14	5,835	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	12	707,199	0	0	0	14.00
15.00	01500	PHARMACY	40	659,929	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	84	16,296	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	28	28,974	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	148	19,300	0	0	0	17.01
23.00	02300	PARAMED ED PRGM	10	3,280	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	238	674,447	39,904,014	39,904,014	0	30.00
31.00	03100	INTENSIVE CARE UNIT	35	505,622	10,487,397	10,487,397	0	31.00
40.00	04000	SUBPROVIDER - IPF	15	124,207	12,314,444	12,314,444	0	40.00
41.00	04100	SUBPROVIDER - IRF	28	43,554	2,966,381	2,966,381	0	41.00
43.00	04300	NURSERY	0	44,877	1,918,280	1,918,280	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	87	1,616,055	116,337,791	116,337,791	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32	86,477	5,936,353	5,936,353	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	152	1,141,256	104,322,539	104,322,539	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	10	1,020,800	54,845,480	54,845,480	0	59.00
60.00	06000	LABORATORY	58	109,857	82,029,174	82,029,174	0	60.00
65.00	06500	RESPIRATORY THERAPY	12	246,078	8,906,792	8,906,792	0	65.00
66.00	06600	PHYSICAL THERAPY	104	54,523	16,229,687	16,229,687	0	66.00
69.00	06900	ELECTROCARDIOLOGY	49	123,725	23,032,573	23,032,573	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	8	4,849	2,873,626	2,873,626	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,284,550	12,284,550	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	25,298,988	25,298,988	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	88,375,657	88,375,657	0	73.00
74.00	07400	RENAL DIALYSIS	2	14,373	721,849	721,849	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	2	6,594	973,310	973,310	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	75	344,646	38,926,930	38,926,930	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	39	52,544	2,554,256	2,554,256	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	12	304,854	5,743,948	5,743,948	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3	274,667	2,440,637	2,440,637	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,652	8,739,645	659,424,656	659,424,656	-19,113,136	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	12,957	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	73,283	0	0	0	194.00
194.01	07951	FOUNDATION	6	5,270	0	0	0	194.01
194.02	07952	RETAIL SERVICES	36	8,213	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	588	778,403	0	0	0	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	0	25,015	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	0	25,829	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	0	12,208	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	0	2,801	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	19,654,120	3,647,904	2,549,145	5,308,081		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	8,608.900569	0.376709	0.003866	0.008050		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,729,767	691,931	118,479	271,453		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1,633.713097	0.071454	0.000180	0.000412		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	313,057,224					5.06
7.00	00700	OPERATION OF PLANT	8,492,901	620,267				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,030,263	12,335	738,878			8.00
9.00	00900	HOUSEKEEPING	2,461,020	6,490	0	16,382		9.00
10.00	01000	DIETARY	2,085,709	11,035	0	282	53,613	10.00
11.00	01100	CAFETERIA	577,513	9,873	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,114,106	1,955	0	805	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,532,320	8,411	0	10	0	14.00
15.00	01500	PHARMACY	27,099,420	7,040	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,751,847	1,162	0	67	0	16.00
17.00	01700	SOCIAL SERVICE	2,670,495	438	0	48	0	17.00
17.01	01701	INSERVICE EDUCATION	2,590,205	9,322	0	147	0	17.01
23.00	02300	PARAMED ED PRGM	378,920	2,807	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	22,287,941	108,140	216,917	4,564	30,627	30.00
31.00	03100	INTENSIVE CARE UNIT	6,096,644	24,552	51,013	1,025	5,569	31.00
40.00	04000	SUBPROVIDER - IPF	5,211,802	22,340	51,768	822	12,618	40.00
41.00	04100	SUBPROVIDER - IRF	2,229,462	17,898	26,316	540	2,900	41.00
43.00	04300	NURSERY	787,672	2,681	36,482	56	1,899	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	28,296,396	40,624	140,565	1,524	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,458,011	8,316	0	343	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,209,766	43,920	66,233	801	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	6,780,444	4,593	34,191	152	0	59.00
60.00	06000	LABORATORY	11,780,971	12,775	10	458	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,450,765	1,194	0	84	0	65.00
66.00	06600	PHYSICAL THERAPY	8,229,826	48,220	6,630	779	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,530,405	557	0	212	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	504,897	5,400	2,321	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	146,383	0	0	124	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,270,550	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,053,084	0	0	193	0	73.00
74.00	07400	RENAL DIALYSIS	739,032	1,490	0	242	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	377,727	0	0	60	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	8,018,183	22,772	104,004	1,301	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,532,581	405	2,311	601	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,005,823	3,752	0	10	0	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,911,646	0	0	107	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	201,694,730	440,497	738,761	15,357	53,613	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,218,755	2,456	0	0	0	192.00
194.00	07950	RENTAL SPACE	2,498,848	22,420	0	120	0	194.00
194.01	07951	FOUNDATION	476,551	206	0	23	0	194.01
194.02	07952	RETAIL SERVICES	470,766	684	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	526,440	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	101,721,129	129,804	117	882	0	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	46,310	532	0	0	0	194.05
194.06	07956	VACANT SPACE	452,566	23,668	0	0	0	194.06
194.07	07957	LYNN RHC	915,259	0	0	0	0	194.07
194.08	07958	CAMBRIDGE RHC	1,434,995	0	0	0	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	551,983	0	0	0	0	194.09
194.10	07960	REID URGENT CARE OF EATON	48,892	0	0	0	0	194.10
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	19,113,136	9,011,418	1,272,370	2,705,562	2,419,942	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.061053	14.528289	1.722030	165.154560	45.137224	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	845,804	3,580,490	409,932	197,781	567,766	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.002702	5.772498	0.554803	12.073068	10.590081	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00560	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	3,531,703					11.00
13.00	01300	NURSING ADMINISTRATION	8,188	1,563,451				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	42,184	0	18,550,760			14.00
15.00	01500	PHARMACY	120,386	0	3,808	26,308,751		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	659,424,656	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	30,583	0	780	0	0	17.01
23.00	02300	PARAMED ED PRGM	5,594	0	110	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	499,928	499,928	2,028	8,431	39,904,014	30.00
31.00	03100	INTENSIVE CARE UNIT	127,701	127,701	3,430	2,307	10,487,397	31.00
40.00	04000	SUBPROVIDER - IPF	155,537	155,537	0	1,249	12,314,444	40.00
41.00	04100	SUBPROVIDER - IRF	42,642	42,642	307	429	2,966,381	41.00
43.00	04300	NURSERY	17,668	17,668	0	0	1,918,280	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	204,653	204,653	8,433,103	186,871	116,337,791	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,591	22,591	4,199	1,701	5,936,353	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	192,441	192,441	15,768	486,511	104,322,539	54.00
59.00	05900	CARDIAC CATHETERIZATION	50,314	50,314	7,004,174	2,970	54,845,480	59.00
60.00	06000	LABORATORY	155,266	0	1,426,649	42	82,029,174	60.00
65.00	06500	RESPIRATORY THERAPY	53,863	53,863	5,100	20,626	8,906,792	65.00
66.00	06600	PHYSICAL THERAPY	163,414	0	4,054	309	16,229,687	66.00
69.00	06900	ELECTROCARDIOLOGY	35,422	0	0	210,121	23,032,573	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,046	0	0	5	2,873,626	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	12,284,550	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	25,298,988	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	21,474,229	88,375,657	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	438	721,849	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	7,403	7,403	0	0	973,310	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	188,710	188,710	842	74,712	38,926,930	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	65,569	0	0	998	2,554,256	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	43,906	0	857,851	0	5,743,948	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	34,943	0	95	144,379	2,440,637	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,275,952	1,563,451	17,762,298	22,616,328	659,424,656	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1	0	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	8,862	0	0	0	0	194.01
194.02	07952	RETAIL SERVICES	5,571	0	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	22,543	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	1,156,058	0	786,512	3,613,792	0	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
194.07	07957	LYNN RHC	25,171	0	1,050	15,790	0	194.07
194.08	07958	CAMBRIDGE RHC	25,849	0	900	43,614	0	194.08
194.09	07959	MAIN STREET FAMILY RHC	10,677	0	0	16,820	0	194.09
194.10	07960	REID URGENT CARE OF EATON	1,019	0	0	2,407	0	194.10
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	756,210	1,345,231	3,880,860	28,882,774	5,069,909	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.214120	0.860424	0.209202	1.097839	0.007688	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	240,532	89,529	455,973	459,192	402,574	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.068107	0.057264	0.024580	0.017454	0.000610	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	PARAMED ED PRGM (TIME SPENT)		
			17.00	17.01	23.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00540	NONPATIENT TELEPHONES					5.01
5.02	00550	DATA PROCESSING					5.02
5.03	00560	PURCHASING RECEIVING AND STORES					5.03
5.04	00570	ADMITTING					5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	6,040				17.00
17.01	01701	INSERVICE EDUCATION	0	49,583			17.01
23.00	02300	PARAMED ED PRGM	0	174	100		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,272	13,540	0		30.00
31.00	03100	INTENSIVE CARE UNIT	777	3,343	0		31.00
40.00	04000	SUBPROVIDER - IPF	0	3,533	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	950	0		41.00
43.00	04300	NURSERY	0	477	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	862	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	32	644	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,389	100		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	822	0		59.00
60.00	06000	LABORATORY	0	1,314	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,170	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,668	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	514	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	59	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	148	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	153	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	1,959	3,364	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	737	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	298	0		96.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	543	0		116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,040	36,702	100		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
194.00	07950	RENTAL SPACE	0	0	0		194.00
194.01	07951	FOUNDATION	0	86	0		194.01
194.02	07952	RETAIL SERVICES	0	29	0		194.02
194.03	07953	REID CONTRACTED SERVICES	0	0	0		194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	7,955	0		194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	4,176	0		194.05
194.06	07956	VACANT SPACE	0	0	0		194.06
194.07	07957	LYNN RHC	0	225	0		194.07
194.08	07958	CAMBRIDGE RHC	0	373	0		194.08
194.09	07959	MAIN STREET FAMILY RHC	0	0	0		194.09
194.10	07960	REID URGENT CARE OF EATON	0	37	0		194.10
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet B-1 | Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	PARAMED ED PRGM (TIME SPENT)		
		17.00	17.01	23.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	2,847,827	2,914,767	454,285		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	471.494536	58.785612	4,542.850000		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	89,249	524,574	128,139		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.776325	10.579715	1,281.390000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 3/27/2015 9:51 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,921,840		30,921,840	0	30,921,840	30.00
31.00	03100	INTENSIVE CARE UNIT	8,118,028		8,118,028	0	8,118,028	31.00
40.00	04000	SUBPROVIDER - IPF	7,119,870		7,119,870	0	7,119,870	40.00
41.00	04100	SUBPROVIDER - IRF	3,016,010		3,016,010	0	3,016,010	41.00
43.00	04300	NURSERY	1,094,274		1,094,274	0	1,094,274	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,242,544		34,242,544	0	34,242,544	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,850,097		1,850,097	0	1,850,097	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,224,799		20,224,799	0	20,224,799	54.00
59.00	05900	CARDIAC CATHETERIZATION	9,337,705		9,337,705	0	9,337,705	59.00
60.00	06000	LABORATORY	13,801,126		13,801,126	0	13,801,126	60.00
65.00	06500	RESPIRATORY THERAPY	2,850,455	0	2,850,455	0	2,850,455	65.00
66.00	06600	PHYSICAL THERAPY	9,831,913	0	9,831,913	0	9,831,913	66.00
69.00	06900	ELECTROCARDIOLOGY	3,173,553		3,173,553	0	3,173,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	645,246		645,246	0	645,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	270,243		270,243	0	270,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,275,256		14,275,256	0	14,275,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,403,932		25,403,932	0	25,403,932	73.00
74.00	07400	RENAL DIALYSIS	860,497		860,497	0	860,497	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0		0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	435,129		435,129	0	435,129	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,938,178		10,938,178	0	10,938,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,152,074		2,152,074		2,152,074	92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,874,423		2,874,423	0	2,874,423	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,434,989		2,434,989	0	2,434,989	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,262,722		2,262,722		2,262,722	116.00
200.00		Subtotal (see instructions)	208,134,903	0	208,134,903	0	208,134,903	200.00
201.00		Less Observation Beds	2,152,074		2,152,074		2,152,074	201.00
202.00		Total (see instructions)	205,982,829	0	205,982,829	0	205,982,829	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 3/27/2015 9:51 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,287,937		37,287,937			30.00
31.00	03100	INTENSIVE CARE UNIT	10,487,397		10,487,397			31.00
40.00	04000	SUBPROVIDER - IPF	12,314,444		12,314,444			40.00
41.00	04100	SUBPROVIDER - IRF	2,966,381		2,966,381			41.00
43.00	04300	NURSERY	1,918,280		1,918,280			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,347,096	72,990,695	116,337,791	0.294337	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,997,147	1,939,206	5,936,353	0.311655	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,244,856	86,077,683	104,322,539	0.193868	0.000000	54.00
59.00	05900	CARDIAC CATHETERIZATION	16,271,985	38,573,495	54,845,480	0.170255	0.000000	59.00
60.00	06000	LABORATORY	33,285,122	48,744,052	82,029,174	0.168247	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,624,256	1,282,536	8,906,792	0.320032	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,384,801	10,844,886	16,229,687	0.605798	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,126,968	18,905,605	23,032,573	0.137785	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,684	2,868,942	2,873,626	0.224541	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,339,329	5,945,221	12,284,550	0.021999	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,312,695	10,986,293	25,298,988	0.564262	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,832,646	49,543,011	88,375,657	0.287454	0.000000	73.00
74.00	07400	RENAL DIALYSIS	654,335	67,514	721,849	1.192073	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	1,288	972,022	973,310	0.447061	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,891,158	32,035,772	38,926,930	0.280993	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	404,840	2,211,237	2,616,077	0.822634	0.000000	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,554,256	2,554,256	1.125346	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,743,948	5,743,948	0.423923	0.000000	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	671,615	1,769,022	2,440,637			116.00
200.00		Subtotal (see instructions)	265,369,260	394,055,396	659,424,656			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	265,369,260	394,055,396	659,424,656			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.294337	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	59.00
60.00	06000	LABORATORY	0.168247	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	73.00
74.00	07400	RENAL DIALYSIS	1.192073	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	76.97
		OUTPATIENT SERVICE COST CENTERS		
91.00	09100	EMERGENCY	0.280993	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	93.00
		OTHER REIMBURSABLE COST CENTERS		
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	96.00
		SPECIAL PURPOSE COST CENTERS		
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,921,840		30,921,840	0	30,921,840	30.00
31.00	03100	INTENSIVE CARE UNIT	8,118,028		8,118,028	0	8,118,028	31.00
40.00	04000	SUBPROVIDER - IPF	7,119,870		7,119,870	0	7,119,870	40.00
41.00	04100	SUBPROVIDER - IRF	3,016,010		3,016,010	0	3,016,010	41.00
43.00	04300	NURSERY	1,094,274		1,094,274	0	1,094,274	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	34,242,544		34,242,544	0	34,242,544	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,850,097		1,850,097	0	1,850,097	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,224,799		20,224,799	0	20,224,799	54.00
59.00	05900	CARDIAC CATHETERIZATION	9,337,705		9,337,705	0	9,337,705	59.00
60.00	06000	LABORATORY	13,801,126		13,801,126	0	13,801,126	60.00
65.00	06500	RESPIRATORY THERAPY	2,850,455	0	2,850,455	0	2,850,455	65.00
66.00	06600	PHYSICAL THERAPY	9,831,913	0	9,831,913	0	9,831,913	66.00
69.00	06900	ELECTROCARDIOLOGY	3,173,553		3,173,553	0	3,173,553	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	645,246		645,246	0	645,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	270,243		270,243	0	270,243	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,275,256		14,275,256	0	14,275,256	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,403,932		25,403,932	0	25,403,932	73.00
74.00	07400	RENAL DIALYSIS	860,497		860,497	0	860,497	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0		0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0		0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	435,129		435,129	0	435,129	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	10,938,178		10,938,178	0	10,938,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,152,074		2,152,074		2,152,074	92.00
93.00	04040	PATIENT CARE CENTER - OCC	2,874,423		2,874,423	0	2,874,423	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,434,989		2,434,989	0	2,434,989	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,262,722		2,262,722		2,262,722	116.00
200.00		Subtotal (see instructions)	208,134,903	0	208,134,903	0	208,134,903	200.00
201.00		Less Observation Beds	2,152,074		2,152,074		2,152,074	201.00
202.00		Total (see instructions)	205,982,829	0	205,982,829	0	205,982,829	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,287,937		37,287,937			30.00
31.00	03100	INTENSIVE CARE UNIT	10,487,397		10,487,397			31.00
40.00	04000	SUBPROVIDER - IPF	12,314,444		12,314,444			40.00
41.00	04100	SUBPROVIDER - IRF	2,966,381		2,966,381			41.00
43.00	04300	NURSERY	1,918,280		1,918,280			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	43,347,096	72,990,695	116,337,791	0.294337	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,997,147	1,939,206	5,936,353	0.311655	0.000000	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,244,856	86,077,683	104,322,539	0.193868	0.000000	54.00
59.00	05900	CARDIAC CATHETERIZATION	16,271,985	38,573,495	54,845,480	0.170255	0.000000	59.00
60.00	06000	LABORATORY	33,285,122	48,744,052	82,029,174	0.168247	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,624,256	1,282,536	8,906,792	0.320032	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	5,384,801	10,844,886	16,229,687	0.605798	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	4,126,968	18,905,605	23,032,573	0.137785	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,684	2,868,942	2,873,626	0.224541	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,339,329	5,945,221	12,284,550	0.021999	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,312,695	10,986,293	25,298,988	0.564262	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38,832,646	49,543,011	88,375,657	0.287454	0.000000	73.00
74.00	07400	RENAL DIALYSIS	654,335	67,514	721,849	1.192073	0.000000	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0.000000	0.000000	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	1,288	972,022	973,310	0.447061	0.000000	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	6,891,158	32,035,772	38,926,930	0.280993	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	404,840	2,211,237	2,616,077	0.822634	0.000000	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,554,256	2,554,256	1.125346	0.000000	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,743,948	5,743,948	0.423923	0.000000	96.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	671,615	1,769,022	2,440,637			116.00
200.00		Subtotal (see instructions)	265,369,260	394,055,396	659,424,656			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	265,369,260	394,055,396	659,424,656			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet C Part I Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000		76.00
76.01	03952	NEURODIAGNOSTIC	0.000000		76.01
76.97	07697	CARDIAC REHABILITATION	0.000000		76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.000000		93.00
		OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE			116.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part I Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	4,340,789	0	4,340,789	32,918	131.87	30.00
31.00	INTENSIVE CARE UNIT	1,077,173		1,077,173	5,569	193.42	31.00
40.00	SUBPROVIDER - IPF	865,332	0	865,332	12,618	68.58	40.00
41.00	SUBPROVIDER - IRF	601,202	0	601,202	2,900	207.31	41.00
43.00	NURSERY	127,698		127,698	1,899	67.24	43.00
200.00	Total (lines 30-199)	7,012,194		7,012,194	55,904		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	17,828	2,350,978				30.00
31.00	INTENSIVE CARE UNIT	2,338	452,216				31.00
40.00	SUBPROVIDER - IPF	8,312	570,037				40.00
41.00	SUBPROVIDER - IRF	1,981	410,681				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	30,459	3,783,912				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,198,810	116,337,791	0.027496	28,761,894	790,837	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324,052	5,936,353	0.054588	37,013	2,020	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,213,438	104,322,539	0.030803	14,915,471	459,441	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,071,210	54,845,480	0.019531	7,245,670	141,515	59.00
60.00	06000	LABORATORY	982,708	82,029,174	0.011980	19,542,560	234,120	60.00
65.00	06500	RESPIRATORY THERAPY	157,514	8,906,792	0.017685	4,183,020	73,977	65.00
66.00	06600	PHYSICAL THERAPY	1,836,685	16,229,687	0.113168	1,837,534	207,950	66.00
69.00	06900	ELECTROCARDIOLOGY	399,361	23,032,573	0.017339	2,742,635	47,555	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,839	2,873,626	0.067107	4,470	300	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,659	12,284,550	0.001356	1,874,411	2,542	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	66,266	25,298,988	0.002619	8,396,396	21,990	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	486,213	88,375,657	0.005502	18,663,220	102,685	73.00
74.00	07400	RENAL DIALYSIS	51,251	721,849	0.071000	453,077	32,168	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	117,560	973,310	0.120784	1,288	156	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,153,621	38,926,930	0.029636	5,965,329	176,788	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	302,106	2,616,077	0.115481	404,840	46,751	92.00
93.00	04040	PATIENT CARE CENTER - OCC	317,849	2,554,256	0.124439	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	241,709	5,743,948	0.042081	0	0	96.00
200.00		Total (lines 50-199)	14,129,851	592,009,580		115,028,828	2,340,795	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part III Date/Time Prepared: 3/27/2015 9:51 am

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	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	32,918	0.00	17,828	0		30.00
31.00	03100	INTENSIVE CARE UNIT	5,569	0.00	2,338	0		31.00
40.00	04000	SUBPROVIDER - IPF	12,618	0.00	8,312	0		40.00
41.00	04100	SUBPROVIDER - IRF	2,900	0.00	1,981	0		41.00
43.00	04300	NURSERY	1,899	0.00	0	0		43.00
200.00		Total (lines 30-199)	55,904		30,459	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	454,285	0	454,285	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	454,285	0	454,285	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | 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	116,337,791	0.000000	0.000000	28,761,894	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,936,353	0.000000	0.000000	37,013	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	454,285	104,322,539	0.004355	0.004355	14,915,471	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	54,845,480	0.000000	0.000000	7,245,670	59.00
60.00	06000	LABORATORY	0	82,029,174	0.000000	0.000000	19,542,560	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,906,792	0.000000	0.000000	4,183,020	65.00
66.00	06600	PHYSICAL THERAPY	0	16,229,687	0.000000	0.000000	1,837,534	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,032,573	0.000000	0.000000	2,742,635	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,873,626	0.000000	0.000000	4,470	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,284,550	0.000000	0.000000	1,874,411	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	25,298,988	0.000000	0.000000	8,396,396	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,375,657	0.000000	0.000000	18,663,220	73.00
74.00	07400	RENAL DIALYSIS	0	721,849	0.000000	0.000000	453,077	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	973,310	0.000000	0.000000	1,288	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,926,930	0.000000	0.000000	5,965,329	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,616,077	0.000000	0.000000	404,840	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,554,256	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,743,948	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	454,285	592,009,580			115,028,828	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	30,008,662	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	105,073	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	64,957	36,318,582	158,167		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,362,226	0		59.00
60.00	06000	LABORATORY	0	8,205,062	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	416,103	0		65.00
66.00	06600	PHYSICAL THERAPY	0	1,131	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,696,561	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,256,750	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	75,830	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,680,815	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,204,525	0		73.00
74.00	07400	RENAL DIALYSIS	0	7,297	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	415,631	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	7,920,402	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	932,371	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	298,185	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	64,957	133,905,206	158,167		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.294337	30,008,662	0	0	8,832,660	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	105,073	0	0	32,747	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	36,318,582	0	0	7,041,011	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	17,362,226	0	0	2,956,006	59.00
60.00	06000	LABORATORY	0.168247	8,205,062	1,198	0	1,380,477	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	416,103	0	0	133,166	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	1,131	0	0	685	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	9,696,561	0	0	1,336,041	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	1,256,750	0	0	282,192	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	75,830	0	0	1,668	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	5,680,815	0	0	3,205,468	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	15,204,525	110,811	0	4,370,602	73.00
74.00	07400	RENAL DIALYSIS	1.192073	7,297	0	0	8,699	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	415,631	0	0	185,812	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.280993	7,920,402	0	0	2,225,578	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	932,371	0	0	767,000	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	298,185	0	0	335,561	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	0	0	96.00
200.00		Subtotal (see instructions)		133,905,206	112,009	0	33,095,373	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		133,905,206	112,009	0	33,095,373	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	202	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,853	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	32,055	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	32,055	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,198,810	116,337,791	0.027496	615,819	16,933	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324,052	5,936,353	0.054588	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,213,438	104,322,539	0.030803	801,275	24,682	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,071,210	54,845,480	0.019531	109,552	2,140	59.00
60.00	06000	LABORATORY	982,708	82,029,174	0.011980	1,417,770	16,985	60.00
65.00	06500	RESPIRATORY THERAPY	157,514	8,906,792	0.017685	239,042	4,227	65.00
66.00	06600	PHYSICAL THERAPY	1,836,685	16,229,687	0.113168	304,008	34,404	66.00
69.00	06900	ELECTROCARDIOLOGY	399,361	23,032,573	0.017339	114,277	1,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,839	2,873,626	0.067107	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,659	12,284,550	0.001356	234,005	317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	66,266	25,298,988	0.002619	172,848	453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	486,213	88,375,657	0.005502	1,751,710	9,638	73.00
74.00	07400	RENAL DIALYSIS	51,251	721,849	0.071000	48,991	3,478	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	117,560	973,310	0.120784	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,153,621	38,926,930	0.029636	522,727	15,492	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,616,077	0.000000	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	317,849	2,554,256	0.124439	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	241,709	5,743,948	0.042081	0	0	96.00
200.00		Total (lines 50-199)	13,827,745	592,009,580		6,332,024	130,730	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | 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	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	454,285	0	454,285	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	454,285	0	454,285	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	116,337,791	0.000000	0.000000	615,819	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,936,353	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	454,285	104,322,539	0.004355	0.004355	801,275	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	54,845,480	0.000000	0.000000	109,552	59.00
60.00	06000	LABORATORY	0	82,029,174	0.000000	0.000000	1,417,770	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,906,792	0.000000	0.000000	239,042	65.00
66.00	06600	PHYSICAL THERAPY	0	16,229,687	0.000000	0.000000	304,008	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,032,573	0.000000	0.000000	114,277	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,873,626	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,284,550	0.000000	0.000000	234,005	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	25,298,988	0.000000	0.000000	172,848	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,375,657	0.000000	0.000000	1,751,710	73.00
74.00	07400	RENAL DIALYSIS	0	721,849	0.000000	0.000000	48,991	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	973,310	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,926,930	0.000000	0.000000	522,727	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,616,077	0.000000	0.000000	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,554,256	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,743,948	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	454,285	592,009,580			6,332,024	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 3/27/2015 9:51 am

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		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,490	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,505	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	3,490	4,505	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.294337	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	0	0	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	0	0	0	0	59.00
60.00	06000	LABORATORY	0.168247	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	4,505	9,312	0	1,295	73.00
74.00	07400	RENAL DIALYSIS	1.192073	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.280993	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	0	0	96.00
200.00		Subtotal (see instructions)		4,505	9,312	0	1,295	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		4,505	9,312	0	1,295	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V | Date/Time Prepared: 3/27/2015 9:51 am

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		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			6.00	7.00	
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,677	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS			
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
200.00		Subtotal (see instructions)	2,677	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	2,677	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part II Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,198,810	116,337,791	0.027496	5,034	138	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	324,052	5,936,353	0.054588	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,213,438	104,322,539	0.030803	86,291	2,658	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,071,210	54,845,480	0.019531	0	0	59.00
60.00	06000	LABORATORY	982,708	82,029,174	0.011980	221,304	2,651	60.00
65.00	06500	RESPIRATORY THERAPY	157,514	8,906,792	0.017685	650,216	11,499	65.00
66.00	06600	PHYSICAL THERAPY	1,836,685	16,229,687	0.113168	799,767	90,508	66.00
69.00	06900	ELECTROCARDIOLOGY	399,361	23,032,573	0.017339	14,718	255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192,839	2,873,626	0.067107	214	14	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,659	12,284,550	0.001356	111	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	66,266	25,298,988	0.002619	6,466	17	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	486,213	88,375,657	0.005502	55,614	306	73.00
74.00	07400	RENAL DIALYSIS	51,251	721,849	0.071000	9,902	703	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	117,560	973,310	0.120784	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	1,153,621	38,926,930	0.029636	461	14	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,616,077	0.000000	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	317,849	2,554,256	0.124439	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	241,709	5,743,948	0.042081	0	0	96.00
200.00		Total (lines 50-199)	13,827,745	592,009,580		1,850,098	108,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	454,285	0	454,285	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
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
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	454,285	0	454,285	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	116,337,791	0.000000	0.000000	5,034	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,936,353	0.000000	0.000000	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	454,285	104,322,539	0.004355	0.004355	86,291	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	54,845,480	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	82,029,174	0.000000	0.000000	221,304	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,906,792	0.000000	0.000000	650,216	65.00
66.00	06600	PHYSICAL THERAPY	0	16,229,687	0.000000	0.000000	799,767	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,032,573	0.000000	0.000000	14,718	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,873,626	0.000000	0.000000	214	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,284,550	0.000000	0.000000	111	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	25,298,988	0.000000	0.000000	6,466	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	88,375,657	0.000000	0.000000	55,614	73.00
74.00	07400	RENAL DIALYSIS	0	721,849	0.000000	0.000000	9,902	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0.000000	0.000000	0	76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0.000000	0.000000	0	76.01
76.97	07697	CARDIAC REHABILITATION	0	973,310	0.000000	0.000000	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0	38,926,930	0.000000	0.000000	461	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,616,077	0.000000	0.000000	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	2,554,256	0.000000	0.000000	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,743,948	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	454,285	592,009,580			1,850,098	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part IV Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	376	641	3		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	465	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	674	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00		Total (lines 50-199)	376	1,780	3		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.294337	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	641	0	0	124	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	0	0	0	0	59.00
60.00	06000	LABORATORY	0.168247	465	0	0	78	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	674	1,521	0	194	73.00
74.00	07400	RENAL DIALYSIS	1.192073	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.280993	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	0	0	96.00
200.00		Subtotal (see instructions)		1,780	1,521	0	396	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		1,780	1,521	0	396	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	437	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	0	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	437	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	437	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.294337	0	5,686,535	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	198,054	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	0	6,588,700	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	0	1,763,907	0	0	59.00
60.00	06000	LABORATORY	0.168247	0	3,679,572	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	0	116,795	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	0	2,274,898	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	0	1,081,339	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	329,246	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	0	3,161,767	0	0	73.00
74.00	07400	RENAL DIALYSIS	1.192073	0	0	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	61,428	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	0.280993	0	3,353,953	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	208,894	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	482,994	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	28,988,082	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	28,988,082	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D Part V Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	1,673,758	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,725	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,277,338	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	300,314	0		59.00
60.00	06000	LABORATORY	619,077	0		60.00
65.00	06500	RESPIRATORY THERAPY	37,378	0		65.00
66.00	06600	PHYSICAL THERAPY	1,378,129	0		66.00
69.00	06900	ELECTROCARDIOLOGY	148,992	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	73,929	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	908,863	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0	0		76.00
76.01	03952	NEURODIAGNOSTIC	0	0		76.01
76.97	07697	CARDIAC REHABILITATION	27,462	0		76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	942,437	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	171,843	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	543,535	0		93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
200.00		Subtotal (see instructions)	8,164,780	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	8,164,780	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,918	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,918	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)	30,627	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)	17,828	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	30,921,840	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)	30,921,840	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	30,921,840	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	939.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	16,746,910	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	16,746,910	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,118,028	5,569	1,457.72	2,338	3,408,149	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	31,414,966	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	51,570,025	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	2,803,194	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	2,405,752	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	5,208,946	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	46,361,079	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,291	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	939.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,152,074	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

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	4,340,789	30,921,840	0.140379	2,152,074	302,106	90.00
91.00	Nursing School cost	0	30,921,840	0.000000	2,152,074	0	91.00
92.00	Allied health cost	0	30,921,840	0.000000	2,152,074	0	92.00
93.00	All other Medical Education	0	30,921,840	0.000000	2,152,074	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,618	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,618	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,312	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,119,870	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)	7,119,870	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,119,870	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	564.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,690,129	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,690,129	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 15S048 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,681,702	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	6,371,831	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)	570,037	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	134,220	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	704,257	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	5,667,574	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 15S048 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	865,332	7,119,870	0.121538	0	0	90.00
91.00	Nursing School cost	0	7,119,870	0.000000	0	0	91.00
92.00	Allied health cost	0	7,119,870	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,119,870	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,900	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,900	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,900	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)	1,981	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,016,010	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)	3,016,010	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,016,010	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,040.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,060,240	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)	2,060,240	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	781,679	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,841,919	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)	410,681	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	109,139	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	519,820	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	2,322,099	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 15T048 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	601,202	3,016,010	0.199337	0	0	90.00
91.00	Nursing School cost	0	3,016,010	0.000000	0	0	91.00
92.00	Allied health cost	0	3,016,010	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,016,010	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	32,918	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	32,918	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)	30,627	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)	1,829	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)	1,899	15.00
16.00	Nursery days (title V or XIX only)	112	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	30,921,840	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)	30,921,840	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	30,921,840	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	939.36	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,718,089	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,718,089	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

	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)	1,094,274	1,899	576.24	112	64,539	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	8,118,028	5,569	1,457.72	328	478,132	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,957,377	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	5,218,137	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,291	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	939.36	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	2,152,074	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Hospital | Cost

	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	4,340,789	30,921,840	0.140379	2,152,074	302,106	90.00
91.00	Nursing School cost	0	30,921,840	0.000000	2,152,074	0	91.00
92.00	Allied health cost	0	30,921,840	0.000000	2,152,074	0	92.00
93.00	All other Medical Education	0	30,921,840	0.000000	2,152,074	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 3/27/2015 9:51 am
	Title XIX	Subprovider - IPF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	12,618	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	12,618	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	12,618	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,899	15.00
16.00	Nursery days (title V or XIX only)	112	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	7,119,870	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)	7,119,870	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	7,119,870	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	564.26	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 15S048 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Subprovider - IPF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	179,978	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	179,978	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 15S048 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Subprovider - IPF | Cost

	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	865,332	7,119,870	0.121538	0	0	90.00
91.00	Nursing School cost	0	7,119,870	0.000000	0	0	91.00
92.00	Allied health cost	0	7,119,870	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,119,870	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2014 To 12/31/2014	Worksheet D-1 Date/Time Prepared: 3/27/2015 9:51 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	2,900	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,900	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	2,900	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	0	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	1,899	15.00
16.00	Nursery days (title V or XIX only)	112	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,016,010	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)	3,016,010	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,016,010	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,040.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1

Component CCN: 15T048 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Subprovider - IRF | Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	1,293	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,293	49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-1 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Subprovider - IRF | Cost

	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	601,202	3,016,010	0.199337	0	0	90.00
91.00	Nursing School cost	0	3,016,010	0.000000	0	0	91.00
92.00	Allied health cost	0	3,016,010	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,016,010	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		21,775,624		30.00
31.00	03100	INTENSIVE CARE UNIT		4,834,819		31.00
40.00	04000	SUBPROVIDER - IPF		888,649		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.294337	28,761,894	8,465,690	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	37,013	11,535	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	14,915,471	2,891,633	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	7,245,670	1,233,612	59.00
60.00	06000	LABORATORY	0.168247	19,542,560	3,287,977	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	4,183,020	1,338,700	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	1,837,534	1,113,174	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	2,742,635	377,894	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	4,470	1,004	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	1,874,411	41,235	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	8,396,396	4,737,767	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	18,663,220	5,364,817	73.00
74.00	07400	RENAL DIALYSIS	1.192073	453,077	540,101	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	1,288	576	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.280993	5,965,329	1,676,216	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	404,840	333,035	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		115,028,828	31,414,966	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)		115,028,828		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		8,779,391		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.294337	615,819	181,258	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	801,275	155,342	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	109,552	18,652	59.00
60.00	06000	LABORATORY	0.168247	1,417,770	238,536	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	239,042	76,501	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	304,008	184,167	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	114,277	15,746	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	234,005	5,148	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	172,848	97,532	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	1,751,710	503,536	73.00
74.00	07400	RENAL DIALYSIS	1.192073	48,991	58,401	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.280993	522,727	146,883	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		6,332,024	1,681,702	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)		6,332,024		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,355,133		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.294337	5,034	1,482	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	86,291	16,729	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	0	0	59.00
60.00	06000	LABORATORY	0.168247	221,304	37,234	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	650,216	208,090	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	799,767	484,497	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	14,718	2,028	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	214	48	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	111	2	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	6,466	3,649	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	55,614	15,986	73.00
74.00	07400	RENAL DIALYSIS	1.192073	9,902	11,804	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.280993	461	130	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		1,850,098	781,679	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		1,850,098		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 3/27/2015 9:51 am

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	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		2,606,399		30.00
31.00	03100	INTENSIVE CARE UNIT		869,312		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		248,478		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.294337	2,863,859	842,940	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	270,471	84,294	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	1,268,320	245,887	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	1,058,761	180,259	59.00
60.00	06000	LABORATORY	0.168247	2,279,699	383,553	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	717,321	229,566	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	141,043	85,444	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	213,340	29,395	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	9,282	204	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	2,612,148	750,872	73.00
74.00	07400	RENAL DIALYSIS	1.192073	27,623	32,929	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.280993	327,531	92,034	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		11,789,398	2,957,377	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)		11,789,398		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Subprovider - IPF | 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	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		1,621,000		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.294337	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	61,628	11,948	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	0	0	59.00
60.00	06000	LABORATORY	0.168247	237,747	40,000	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	36,578	11,706	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	26,921	16,309	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	7,687	1,059	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	616	14	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	270,779	77,837	73.00
74.00	07400	RENAL DIALYSIS	1.192073	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.280993	75,110	21,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		717,066	179,978	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)		717,066		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet D-3 | Date/Time Prepared: 3/27/2015 9:51 am

Title XIX | Subprovider - IRF | 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	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,059		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.294337	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.311655	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.193868	2,240	434	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.170255	0	0	59.00
60.00	06000	LABORATORY	0.168247	701	118	60.00
65.00	06500	RESPIRATORY THERAPY	0.320032	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.605798	812	492	66.00
69.00	06900	ELECTROCARDIOLOGY	0.137785	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.224541	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.021999	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.564262	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.287454	865	249	73.00
74.00	07400	RENAL DIALYSIS	1.192073	0	0	74.00
76.00	03950	OTHER ANCILLARY SERVICE COST CENTERS	0.000000	0	0	76.00
76.01	03952	NEURODIAGNOSTIC	0.000000	0	0	76.01
76.97	07697	CARDIAC REHABILITATION	0.447061	0	0	76.97
		OUTPATIENT SERVICE COST CENTERS				
91.00	09100	EMERGENCY	0.280993	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.822634	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1.125346	0	0	93.00
		OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.423923	0	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		4,618	1,293	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)		4,618		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		42,663,692		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		0		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		0		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		948,130		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		6,245,625		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		158.72		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.70		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.29		31.00
32.00	Sum of lines 30 and 31		22.99		32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.18		33.00
34.00	Disproportionate share adjustment (see instructions)		872,473		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)		9,046,380,143	7,647,644,885	35.00
35.01	Factor 3 (see instructions)		0.000219436	0.000230453	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)		1,985,101	1,762,425	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)		1,484,746	444,228	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,928,974		36.00
	Additional payment for high percentage of ESRD beneficiary discharges				
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 an 685. (see instructions)		0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 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 an 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)		46,413,269		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		55,568,910		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		55,568,910		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,706,796		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		17,254		53.00
54.00	Special add-on payments for new technologies		9,003		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of physicians' services in a teaching hospital (see intructions)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30 through 35).		0		57.00
58.00	Ancillary service other pass through costs from Worksheet D, Part IV, col. 11 line 200)		64,957		58.00
59.00	Total (sum of amounts on lines 49 through 58)		59,366,920		59.00
60.00	Primary payer payments		4,902		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		59,362,018		61.00
62.00	Deductibles billed to program beneficiaries		4,433,760		62.00
63.00	Coinsurance billed to program beneficiaries		132,208		63.00
64.00	Allowable bad debts (see instructions)		818,380		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		531,947		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		532,800		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,327,997		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		440		68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.50	RURAL DEMONSTRATION PROJECT		0		70.50
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		51,391		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-100,406		70.94
70.95	Recovery of accelerated depreciation		0		70.95
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

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E Part A Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		55,278,542		71.00
71.01	Sequestration adjustment (see instructions)		1,105,571		71.01
72.00	Interim payments		54,683,081		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		-510,110		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		88,527		75.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part 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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	32,055	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	32,937,206	2.00
3.00	PPS payments	37,867,008	3.00
4.00	Outlier payment (see instructions)	211,149	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.948	5.00
6.00	Line 2 times line 5	31,224,471	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 Worksheet D, Part IV, column 13, line 200	158,167	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	32,055	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	112,009	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	112,009	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	112,009	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	79,954	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)	32,055	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)	38,236,324	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	7,522,785	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	30,745,594	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	30,745,594	30.00
31.00	Primary payer payments	7,935	31.00
32.00	Subtotal (line 30 minus line 31)	30,737,659	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	274,225	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	178,246	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	96,771	36.00
37.00	Subtotal (see instructions)	30,915,905	37.00
38.00	MSP-LCC reconciliation amount from PS&R	103	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
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)	30,915,802	40.00
40.01	Sequestration adjustment (see instructions)	618,316	40.01
41.00	Interim payments	30,895,533	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-598,047	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	2,677	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	1,295	2.00
3.00	PPS payments	2,499	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 Worksheet D, Part IV, column 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)	2,677	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	9,312	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	9,312	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	9,312	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	6,635	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)	2,677	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)	2,499	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	5,176	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	5,176	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	5,176	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet 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)	5,176	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	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)	5,176	40.00
40.01	Sequestration adjustment (see instructions)	104	40.01
41.00	Interim payments	4,549	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	523	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2014 To 12/31/2014	Worksheet E Part B Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	437	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	393	2.00
3.00	PPS payments	603	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 Worksheet D, Part IV, column 13, line 200	3	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	437	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	1,521	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	1,521	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis 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)	1,521	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	1,084	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)	437	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)	606	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	31	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 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	1,012	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	1,012	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	1,012	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet 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)	1,012	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	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)	1,012	40.00
40.01	Sequestration adjustment (see instructions)	20	40.01
41.00	Interim payments	927	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	65	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		54,510,681		30,711,833	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	07/30/2014	172,400	07/30/2014	183,700	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)		172,400		183,700	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)		54,683,081		30,895,533	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		510,110		598,047	6.02
7.00	Total Medicare program liability (see instructions)		54,172,971		30,297,486	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: 150048 | Component CCN: 15S048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 3/27/2015 9:51 am

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		7,348,264		4,549	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)		7,348,264		4,549	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,478		523	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		7,351,742		5,072	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: 150048 | Component CCN: 15T048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet E-1 Part I | Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Subprovider - IRF | 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		2,881,065		927	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)		2,881,065		927	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		21,207		65	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,902,272		992	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: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-1 Part II Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	9,966	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	20,166	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	2,913	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	36,196	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	659,424,656	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	24,937,530	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	1,870,504	8.00
9.00	Sequestration adjustment amount (see instructions)	37,410	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,833,094	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,861,915	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)	-28,821	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Hospital	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	0	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 §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 inst.)	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 inst.)	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)	83.909589	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) 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)	0	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)	0	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	0	18.00
19.00	Deductibles	0	19.00
20.00	Subtotal (line 18 minus line 19)	0	20.00
21.00	Coinsurance	0	21.00
22.00	Subtotal (line 20 minus line 21)	0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	0	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	64,957	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	64,957	31.00
31.01	Sequestration adjustment (see instructions)	1,299	31.01
32.00	Interim payments	54,683,081	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	-54,619,423	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	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: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Hospital	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	0	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0000	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	0	3.00
4.00	Outlier Payments	0	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	83.909589	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	0	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	0	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	0	19.00
20.00	Deductibles	0	20.00
21.00	Subtotal (line 19 minus line 20)	0	21.00
22.00	Coinsurance	0	22.00
23.00	Subtotal (line 21 minus line 22)	0	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	0	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	64,957	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	64,957	32.00
32.01	Sequestration adjustment (see instructions)	1,299	32.01
33.00	Interim payments	54,683,081	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-54,619,423	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	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: 150048 Component CCN: 15S048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part II Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	7,847,482	1.00
2.00	Net IPF PPS Outlier Payments	331,218	2.00
3.00	Net IPF PPS ECT Payments	1,647	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 §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 inst.)	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 inst.)	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)	34.569863	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) 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)	8,180,347	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)	8,180,347	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	8,180,347	18.00
19.00	Deductibles	438,339	19.00
20.00	Subtotal (line 18 minus line 19)	7,742,008	20.00
21.00	Coinsurance	243,720	21.00
22.00	Subtotal (line 20 minus line 21)	7,498,288	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	7,498,288	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	3,490	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	7,501,778	31.00
31.01	Sequestration adjustment (see instructions)	150,036	31.01
32.00	Interim payments	7,348,264	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	3,478	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	331,218	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: 150048 Component CCN: 15T048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part III Date/Time Prepared: 3/27/2015 9:51 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	2,761,679	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0431	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	59,376	3.00
4.00	Outlier Payments	195,031	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	7.945205	10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	12.00
13.00	Total PPS Payment (see instructions)	3,016,086	13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0	14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)		15.00
16.00	Cost of physicians' services in a teaching hospital (see instructions)	0	16.00
17.00	Subtotal (see instructions)	3,016,086	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,016,086	19.00
20.00	Deductibles	35,200	20.00
21.00	Subtotal (line 19 minus line 20)	2,980,886	21.00
22.00	Coinsurance	19,760	22.00
23.00	Subtotal (line 21 minus line 22)	2,961,126	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	2,961,126	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	376	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	2,961,502	32.00
32.01	Sequestration adjustment (see instructions)	59,230	32.01
33.00	Interim payments	2,881,065	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	21,207	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	195,031	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: 150048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 3/27/2015 9:51 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	5,218,137		1.00
2.00	Medical and other services		8,164,780	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	5,218,137	8,164,780	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)	5,218,137	8,164,780	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	11,789,398	28,988,082	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)	11,789,398	28,988,082	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	11,789,398	28,988,082	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	6,571,261	20,823,302	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)	5,218,137	8,164,780	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	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)	5,218,137	8,164,780	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	5,218,137	8,164,780	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	5,218,137	8,164,780	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	5,218,137	8,164,780	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)	5,218,137	8,164,780	40.00
41.00	Interim payments	5,218,137	8,164,780	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: 150048 Component CCN: 15S048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 3/27/2015 9:51 am
	Title XIX	Subprovider - IPF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	179,978		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)	179,978	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)	179,978	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	717,066	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)	717,066	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	717,066	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	537,088	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)	179,978	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	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)	179,978	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	179,978	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	179,978	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	179,978	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)	179,978	0	40.00
41.00	Interim payments	179,978	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: 150048 Component CCN: 15T048	Period: From 01/01/2014 To 12/31/2014	Worksheet E-3 Part VII Date/Time Prepared: 3/27/2015 9:51 am
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	1,293		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)	1,293	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)	1,293	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	4,618	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)	4,618	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR §413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	4,618	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	3,325	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)	1,293	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	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)	1,293	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,293	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	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)	1,293	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,293	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)	1,293	0	40.00
41.00	Interim payments	1,293	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

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G | Date/Time Prepared: 3/27/2015 9:51 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	10,387,740	0	0	0	1.00
2.00	Temporary investments	233,145,301	0	0	0	2.00
3.00	Notes receivable	24,845,502	0	0	0	3.00
4.00	Accounts receivable	163,875,726	0	0	0	4.00
5.00	Other receivable	-829,334	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-88,122,317	0	0	0	6.00
7.00	Inventory	7,268,351	0	0	0	7.00
8.00	Prepaid expenses	4,730,371	0	0	0	8.00
9.00	Other current assets	6,706,923	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)	362,008,263	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	13,405,965	0	0	0	12.00
13.00	Land improvements	34,157,406	0	0	0	13.00
14.00	Accumulated depreciation	-15,139,541	0	0	0	14.00
15.00	Buildings	233,945,470	0	0	0	15.00
16.00	Accumulated depreciation	-78,450,916	0	0	0	16.00
17.00	Leasehold improvements	10,613,686	0	0	0	17.00
18.00	Accumulated depreciation	-3,729,448	0	0	0	18.00
19.00	Fixed equipment	2,083,496	0	0	0	19.00
20.00	Accumulated depreciation	-1,010,722	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	148,271,713	0	0	0	23.00
24.00	Accumulated depreciation	-119,554,224	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)	224,592,885	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	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	17,051,958	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,051,958	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	603,653,106	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	16,126,125	0	0	0	37.00
38.00	Salaries, wages, and fees payable	40,116,652	0	0	0	38.00
39.00	Payroll taxes payable	314,591	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,450,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	2,918,038				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	62,925,406	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	167,030,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-3,126,061	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	163,903,939	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	226,829,345	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	376,823,761				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)	376,823,761	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	603,653,106	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-1 | Date/Time Prepared: 3/27/2015 9:51 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		368,208,771		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		8,614,955				2.00
3.00	Total (sum of line 1 and line 2)		376,823,726		0		3.00
4.00	ROUNDING	35		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)		35		0		10.00
11.00	Subtotal (line 3 plus line 10)		376,823,761		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		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)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		376,823,761		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	ROUNDING		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	Deductions (debit adjustments) (specify)		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: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 3/27/2015 9:51 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	44,931,323		44,931,323	1.00
2.00	SUBPROVIDER - IPF	12,348,107		12,348,107	2.00
3.00	SUBPROVIDER - IRF	2,985,841		2,985,841	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	60,265,271		60,265,271	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	10,988,656		10,988,656	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,988,656		10,988,656	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,253,927		71,253,927	17.00
18.00	Ancillary services	190,676,093	353,769,028	544,445,121	18.00
19.00	Outpatient services	4,735,835	41,932,827	46,668,662	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	671,679	1,769,022	2,440,701	26.00
27.00	OTHER	26,363,323	104,511,620	130,874,943	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	293,700,857	501,982,497	795,683,354	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		373,865,945		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)		373,865,945		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet G-3 | Date/Time Prepared: 3/27/2015 9:51 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	795,683,354	1.00
2.00	Less contractual allowances and discounts on patients' accounts	435,999,654	2.00
3.00	Net patient revenues (line 1 minus line 2)	359,683,700	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	373,865,945	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-14,182,245	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	606,304	6.00
7.00	Income from investments	8,021,765	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	578,427	10.00
11.00	Rebates and refunds of expenses	41,284	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	291,121	13.00
14.00	Revenue from meals sold to employees and guests	3,099,215	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	5,991	17.00
18.00	Revenue from sale of medical records and abstracts	95,610	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	49,367	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	6,645	21.00
22.00	Rental of hospital space	2,832,597	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	7,168,874	24.00
25.00	Total other income (sum of lines 6-24)	22,797,200	25.00
26.00	Total (line 5 plus line 25)	8,614,955	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	8,614,955	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K | Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		743	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	52,354	60,090	60,212	0	387,209	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	154,784	10,835	0	0	2,826	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	660,256	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	57,183	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	50,889	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	144,379	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	6	29.00
30.00	Medical Supplies	0	0	0	0	95	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	975,466	70,925	60,212	0	535,258	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K | Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	743	0	743	0	743	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	559,865	0	559,865	-317	559,548	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	168,445	0	168,445	0	168,445	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	660,256	0	660,256	0	660,256	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	57,183	0	57,183	0	57,183	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	50,889	0	50,889	0	50,889	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	144,379	0	144,379	0	144,379	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	6	0	6	0	6	29.00
30.00	Medical Supplies	95	0	95	0	95	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,641,861	0	1,641,861	-317	1,641,544	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-1

Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	52,354	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	660,256	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	52,354	0	0	0	660,256	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-1

Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	52,354		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	154,784	154,784		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	660,256		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		57,183	0	57,183		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	50,889	50,889		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	57,183	205,673	975,466		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-2

Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	60,090	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	60,090	0	0	0	0	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-2

Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	60,090		6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	10,835	10,835		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	10,835	70,925		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-4 Part I Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	743		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	559,548	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	168,445	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	660,256	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	57,183	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	50,889	0	0	0	0	21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	144,379	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	6	0	0	0	0	29.00
30.00	Medical Supplies	95	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,641,544	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-4 Part I Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)		
		5.00	5A	6.00	7.00		
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	559,548	559,548			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	168,445	87,170	255,615		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0		9.00
10.00	Nursing Care	0	660,256	341,683	1,001,939		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	0	0	0		15.00
16.00	Spiritual Counseling	0	0	0	0		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	57,183	29,592	86,775		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	50,889	26,335	77,224		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	144,379	74,716	219,095		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0		26.00
27.00	Patient Transportation	0	0	0	0		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	6	3	9		29.00
30.00	Medical Supplies	0	95	49	144		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	0	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	1,640,801		1,640,801		39.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K-4 Part II Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

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

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150048 Hospice CCN: 151524 | Period: From 01/01/2014 To 12/31/2014 | Worksheet K-4 Part II Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)		
		6A	6.00		
	GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0			1.00
2.00	Capital Related Costs-Movable Equip.	0			2.00
3.00	Plant Operation and Maintenance	0			3.00
4.00	Transportation - Staff	0			4.00
5.00	Volunteer Service Coordination				5.00
6.00	Administrative and General	-559,548	1,081,253		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	168,445		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	0		9.00
10.00	Nursing Care	0	660,256		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	0		15.00
16.00	Spiritual Counseling	0	0		16.00
17.00	Dietary Counseling	0	0		17.00
18.00	Counseling - Other	0	0		18.00
19.00	Home Health Aide and Homemaker	0	57,183		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	50,889		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	144,379		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	0		26.00
27.00	Patient Transportation	0	0		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	6		29.00
30.00	Medical Supplies	0	95		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	0		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	0		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		559,548		39.00
40.00	Unit Cost Multiplier		0.517500		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
			NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
1.00	Administrative and General		8,174	0	0	101,960	1.00
2.00	Inpatient - General Care	255,615	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,001,939	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	86,775	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	77,224	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	219,095	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	9	0	0	0	0	24.00
25.00	Medical Supplies	144	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,640,801	8,174	0	0	101,960	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

	Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	1,588	25,827	103,470	9,436	19,647	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,588	25,827	103,470	9,436	19,647	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part I
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	270,102	16,497	0	0	17,672	1.00
2.00	Inpatient - General Care	255,615	15,612	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,001,939	61,194	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	86,775	5,300	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	77,224	4,717	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	219,095	13,382	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	9	1	0	0	0	24.00
25.00	Medical Supplies	144	9	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,910,903	116,712	0	0	17,672	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part I
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	7,482	0	0	158,505	1.00
2.00	Inpatient - General Care	0	0	0	20	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	7,482	0	20	158,505	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal (cols. 4A-23)	
		16.00	17.00	17.01	23.00	24.00	
1.00	Administrative and General	18,764	0	31,921	0	520,943	1.00
2.00	Inpatient - General Care	0	0	0	0	271,247	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,063,133	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	92,075	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	81,941	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	232,477	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	10	24.00
25.00	Medical Supplies	0	0	0	0	153	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	18,764	0	31,921	0	2,261,979	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part I Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	271,247	81,161	352,408		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,063,133	318,105	1,381,238		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	92,075	27,550	119,625		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	81,941	24,518	106,459		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	232,477	69,560	302,037		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	10	3	13		24.00
25.00	Medical Supplies	0	153	46	199		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,261,979		2,261,979		34.00
35.00	Unit Cost Multiplier (see instructions)			0.299214			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS					
		NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
		1.00	1.01	2.00	4.00	5.01	
1.00	Administrative and General	445	0	0	975,466	13	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	445	0	0	975,466	13	34.00
35.00	Total cost to be allocated	8,174	0	0	101,960	1,588	35.00
36.00	Unit Cost Multiplier (see instructions)	18.368539	0.000000	0.000000	0.104524	122.153846	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
1.00	Administrative and General	3	274,667	2,440,637	2,440,637	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3	274,667	2,440,637	2,440,637		34.00
35.00	Total cost to be allocated	25,827	103,470	9,436	19,647		35.00
36.00	Unit Cost Multiplier (see instructions)	8,609.000000	0.376711	0.003866	0.008050		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
1.00	Administrative and General	270,102	0	0	107	0	1.00
2.00	Inpatient - General Care	255,615	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,001,939	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	86,775	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	77,224	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	219,095	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	9	0	0	0	0	24.00
25.00	Medical Supplies	144	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,910,903	0	0	107	0	34.00
35.00	Total cost to be allocated	116,712	0	0	17,672	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.061077	0.000000	0.000000	165.158879	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	34,943	0	0	144,379	2,440,637	1.00
2.00	Inpatient - General Care	0	0	95	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	34,943	0	95	144,379	2,440,637	34.00
35.00	Total cost to be allocated	7,482	0	20	158,505	18,764	35.00
36.00	Unit Cost Multiplier (see instructions)	0.214120	0.000000	0.210526	1.097840	0.007688	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
3/27/2015 9:51 am

Hospice I

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INSERVICE EDUCATION (IN HOUSE ED)	PARAMED ED PRGM (TIME SPENT)		
		17.00	17.01	23.00		
1.00	Administrative and General	0	543	0		1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	0	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	543	0		34.00
35.00	Total cost to be allocated	0	31,921	0		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	58.786372	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-5 Part III Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

	Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
	ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.605798	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.287454	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.423923	0	0	5.00
6.00	LABORATORY	60.00	0.168247	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.021999	0	0	7.00
8.00	PATIENT CARE CENTER - OCC	93.00	1.125346	0	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00				9.00
10.00	OTHER ANCILLARY SERVICE COST CENTERS	76.00	0.000000	0	0	10.00
10.01	NEURODIAGNOSTIC	76.01	0.000000	0	0	10.01
10.97	CARDIAC REHABILITATION	76.97	0.447061	0	0	10.97
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150048 Hospice CCN: 151524

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

Worksheet K-6

Date/Time Prepared: 3/27/2015 9:51 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,261,979	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				8,260	2.00
3.00	Average cost per diem (line 1 divided by line 2)				273.85	3.00
4.00	Updduplicated Medicare Days (Worksheet S-9, column 1, line 5)	8,260				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,262,001				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Updduplicated SNF Days (Worksheet S-9, column 3, line 5)	7,275				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	1,992,259				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 150048 | Period: From 01/01/2014 To 12/31/2014 | Worksheet L Parts I-III Date/Time Prepared: 3/27/2015 9:51 am

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,391,946	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	314,850	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)	100.13	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	0	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	3,706,796	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00