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: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet S Parts I-III Date/Time Prepared: 11/24/2014 2:40 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 11/24/2014 Time: 2:40 pm
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 ST. JOSEPH HOSPITAL & HEALTH CENTR (150010) for the cost reporting period beginning 07/01/2013 and ending 06/30/2014 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	-126,512	33,152	-276,058	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	12,516	0		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	-113,996	33,152	-276,058	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I | Date/Time Prepared: 11/24/2014 2:14 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1907 WEST SYCAMORE	PO Box:			1.00
2.00	City: KOKOMO	State: IN	Zip Code: 46901-	County: HOWARD	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	ST. JOSEPH HOSPITAL & HEALTH CENTR	150010	29020	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	ST. JOSEPH ACUTE REHAB UNIT	15T010	29020	5	07/01/2002	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									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	07/01/2013	06/30/2014	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)			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.	1,161	614	11	8	2,319	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.	172	13	0	0	80		25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 2:14 pm

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00
		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N		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	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete 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.				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 2:14 pm

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	

	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in 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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 2:14 pm

		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

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N			70.00
71.00	If line 70 yes: Column 1: Did the facility have an approved GME teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. 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)			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	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 2:14 pm

		V	XIX	
		1.00	2.00	
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00
	Rural Providers			
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on 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)			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.					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.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	57,433	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part I Date/Time Prepared: 11/24/2014 2:14 pm

		1.00	2.00	
	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	15H046	140.00

	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: ST. VINCENT HEALTH	Contractor's Name: WPS	Contractor's Number: 08101	141.00
142.00	Street: 10330 N MERIDIAN STREET	PO Box:		142.00
143.00	City: INDIANAPOLIS	State: IN	Zip Code: 46290	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	09/30/2014	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II | Date/Time Prepared: 11/24/2014 2:14 pm

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	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)		Y	10/21/2014	Y	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)		N		N	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II Date/Time Prepared: 11/24/2014 2:14 pm

		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					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
	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.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00

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

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	JILL	HILL	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. VINCENT HEALTH		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-583-3519	JILL.HILL@STVINCENT.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-2 Part II | Date/Time Prepared: 11/24/2014 2:14 pm

		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)	10/21/2014			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)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REIMBURSEMENT MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I Date/Time Prepared: 11/24/2014 2:14 pm

	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	136	49,640	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)		136	49,640	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	13	4,745	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)		149	54,385	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	18	6,570		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						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)		167				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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 11/24/2014 2:14 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,050	1,000	16,866			1.00
2.00	HMO and other (see instructions)	1,202	2,763				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	190	93				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)	8,050	1,000	16,866			7.00
8.00	INTENSIVE CARE UNIT	1,418	0	2,419			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		140	1,592			13.00
14.00	Total (see instructions)	9,468	1,140	20,877	0.00	648.89	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	2,717	172	4,100	0.00	21.17	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	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	670.06	27.00
28.00	Observation Bed Days		31	960			28.00
29.00	Ambulance Trips	1,955					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	210	341			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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part I | Date/Time Prepared: 11/24/2014 2:14 pm

	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	2,054	192	4,879	1.00
2.00	HMO and other (see instructions)			236	671		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	2,054	192	4,879	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	218	58	325	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 11/24/2014 2:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	36,775,976	0	36,775,976	1,393,715.00	26.39	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		641,150	0	641,150	4,788.78	133.89	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)		2,214,441	136,363	2,350,804	107,014.00	21.97	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor: Direct Patient Care		358,331	0	358,331	7,626.21	46.99	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		5,741,543	0	5,741,543	116,712.40	49.19	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)		9,054,627	0	9,054,627			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		591,125	0	591,125			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		171,147	0	171,147			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	292,528	0	292,528	0.00	0.00	26.00
27.00	Administrative & General	5.00	6,825,565	0	6,825,565	251,144.00	27.18	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	847,701	0	847,701	43,536.00	19.47	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		394,846	0	394,846	19,860.00	19.88	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		199,361	0	199,361	8,494.00	23.47	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	372,568	0	372,568	11,114.00	33.52	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	1,483,065	0	1,483,065	36,699.00	40.41	40.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part II Date/Time Prepared: 11/24/2014 2:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00	973,356	0	973,356	50,096.00	19.43	41.00
42.00	Social Service	17.00	357,305	0	357,305	13,767.00	25.95	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part III Date/Time Prepared: 11/24/2014 2:14 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		36,729,033	0	36,729,033	1,417,280.22	25.92	1.00
2.00	Excluded area salaries (see instructions)		2,214,441	136,363	2,350,804	107,014.00	21.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)		34,514,592	-136,363	34,378,229	1,310,266.22	26.24	3.00
4.00	Subtotal other wages & related costs (see inst.)		6,099,874	0	6,099,874	124,338.61	49.06	4.00
5.00	Subtotal wage-related costs (see inst.)		9,054,627	0	9,054,627	0.00	26.34	5.00
6.00	Total (sum of lines 3 thru 5)		49,669,093	-136,363	49,532,730	1,434,604.83	34.53	6.00
7.00	Total overhead cost (see instructions)		11,746,295	0	11,746,295	434,710.00	27.02	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part IV Date/Time Prepared: 11/24/2014 2:14 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	639,461	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	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)	4,984,995	8.00
9.00	Prescription Drug Plan	982,240	9.00
10.00	Dental, Hearing and Vision Plan	63,139	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	29,484	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	1,964	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	155,850	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	4,000	14.00
15.00	'Workers' Compensation Insurance	211,113	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	2,631,543	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	55,019	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	27,127	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	30,964	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	9,816,899	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-3 Part V Date/Time Prepared: 11/24/2014 2:14 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	358,331	9,816,899	1.00
2.00	Hospital	358,331	9,054,627	2.00
3.00	Subprovider - IPF			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			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	762,272	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet S-10 | Date/Time Prepared: 11/24/2014 2:14 pm

		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)	0.258904	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	2,459,078	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	44,471,360	6.00
7.00	Medicaid cost (line 1 times line 6)	11,513,813	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)	9,054,735	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	30,319	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	9,054,735	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	9,549,667	64,414	9,614,081	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,472,447	16,677	2,489,124	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,472,447	16,677	2,489,124	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	10,772,425	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	159,697	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	10,612,728	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	2,747,678	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,236,802	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	14,291,537	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		5,028,626	5,028,626	1,800,154	6,828,780	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	292,528	8,953,649	9,246,177	885,874	10,132,051	4.00
5.01	00540	NONPATIENT TELEPHONES	0	254,707	254,707	-107,923	146,784	5.01
5.02	00550	DATA PROCESSING	12,567	5,107	17,674	-1,320	16,354	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	564,929	303,893	868,822	-43,562	825,260	5.03
5.04	00570	ADMITTING	1,101,158	45,367	1,146,525	-19,067	1,127,458	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	600,118	579,265	1,179,383	-14,262	1,165,121	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	4,546,793	20,533,568	25,080,361	-733,229	24,347,132	5.06
7.00	00700	OPERATION OF PLANT	847,701	2,653,249	3,500,950	134,507	3,635,457	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	479,497	479,497	8.00
9.00	00900	HOUSEKEEPING	0	1,811,279	1,811,279	-144,223	1,667,056	9.00
10.00	01000	DIETARY	0	2,226,171	2,226,171	-1,638,076	588,095	10.00
11.00	01100	CAFETERIA	0	0	0	1,636,775	1,636,775	11.00
13.00	01300	NURSING ADMINISTRATION	372,568	55,373	427,941	-54,360	373,581	13.00
15.00	01500	PHARMACY	1,483,065	3,319,722	4,802,787	-186,124	4,616,663	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	973,356	147,791	1,121,147	-8,213	1,112,934	16.00
17.00	01700	SOCIAL SERVICE	357,305	81,952	439,257	-3,917	435,340	17.00
23.00	02300	ALLIED HEALTH	72,941	19,336	92,277	136,764	229,041	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,440,436	721,749	6,162,185	-467,673	5,694,512	30.00
31.00	03100	INTENSIVE CARE UNIT	1,209,008	207,544	1,416,552	-157,426	1,259,126	31.00
41.00	04100	SUBPROVIDER - IRF	1,090,820	79,318	1,170,138	-48,342	1,121,796	41.00
43.00	04300	NURSERY	0	0	0	452,436	452,436	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,317,522	7,998,431	11,315,953	-5,605,474	5,710,479	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,711,114	346,481	2,057,595	-628,397	1,429,198	52.00
53.00	05300	ANESTHESIOLOGY	0	50,968	50,968	-43,842	7,126	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,113,363	6,178,589	9,291,952	-4,973,509	4,318,443	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	144,852	406,629	551,481	-306,280	245,201	59.00
60.00	06000	LABORATORY	0	5,207,586	5,207,586	-9,442	5,198,144	60.00
65.00	06500	RESPIRATORY THERAPY	1,272,032	190,139	1,462,171	-93,411	1,368,760	65.00
66.00	06600	PHYSICAL THERAPY	2,651,846	671,374	3,323,220	-463,202	2,860,018	66.00
69.00	06900	ELECTROCARDIOLOGY	1,119,193	553,340	1,672,533	-273,336	1,399,197	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	290,614	389,963	680,577	2,263,961	2,944,538	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,743,924	4,743,924	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,549,696	4,549,696	73.00
74.00	07400	RENAL DIALYSIS	0	178,610	178,610	-6,761	171,849	74.00
76.00	03020	PSYCH SERVICES	897,686	311,761	1,209,447	-50,693	1,158,754	76.00
76.02	03022	ENDOSCOPY	315,009	261,749	576,758	-104,994	471,764	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	194,446	517,561	712,007	-108,117	603,890	90.00
91.00	09100	EMERGENCY	1,732,326	910,709	2,643,035	-179,872	2,463,163	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	823,478	184,168	1,007,646	-48,215	959,431	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		532,907	532,907	-532,907	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,548,774	71,918,631	108,467,405	27,419	108,494,824	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	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	227,202	62,288	289,490	-27,419	262,071	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	36,775,976	71,980,919	108,756,895	0	108,756,895	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-563,743	6,265,037		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-95,035	10,037,016		4.00
5.01	00540	NONPATIENT TELEPHONES	294,493	441,277		5.01
5.02	00550	DATA PROCESSING	4,012,302	4,028,656		5.02
5.03	00561	PURCHASING RECEIVING AND STORES	493,083	1,318,343		5.03
5.04	00570	ADMITTING	0	1,127,458		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	453,740	1,618,861		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	-10,895,465	13,451,667		5.06
7.00	00700	OPERATION OF PLANT	-6,609	3,628,848		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-61,916	417,581		8.00
9.00	00900	HOUSEKEEPING	0	1,667,056		9.00
10.00	01000	DIETARY	-22,647	565,448		10.00
11.00	01100	CAFETERIA	-604,532	1,032,243		11.00
13.00	01300	NURSING ADMINISTRATION	0	373,581		13.00
15.00	01500	PHARMACY	-23,281	4,593,382		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	509,097	1,622,031		16.00
17.00	01700	SOCIAL SERVICE	0	435,340		17.00
23.00	02300	ALLIED HEALTH	0	229,041		23.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-23,812	5,670,700		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,259,126		31.00
41.00	04100	SUBPROVIDER - IRF	0	1,121,796		41.00
43.00	04300	NURSERY	-128	452,308		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,710,479		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-633	1,428,565		52.00
53.00	05300	ANESTHESIOLOGY	0	7,126		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-227,917	4,090,526		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	245,201		59.00
60.00	06000	LABORATORY	-61,563	5,136,581		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,368,760		65.00
66.00	06600	PHYSICAL THERAPY	-36,010	2,824,008		66.00
69.00	06900	ELECTROCARDIOLOGY	-7,000	1,392,197		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-35	2,944,503		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,743,924		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,549,696		73.00
74.00	07400	RENAL DIALYSIS	0	171,849		74.00
76.00	03020	PSYCH SERVICES	-191,025	967,729		76.00
76.02	03022	ENDOSCOPY	0	471,764		76.02
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-1,500	602,390		90.00
91.00	09100	EMERGENCY	0	2,463,163		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	959,431		95.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE	0	0		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,060,136	101,434,688		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		192.00
194.00	07950	FOUNDATION	0	0		194.00
194.01	07951	CLINIC OF HOPE	0	262,071		194.01
194.04	07952	COMMUNITY RELATIONS	663,024	663,024		194.04
200.00		TOTAL (SUM OF LINES 118-199)	-6,397,112	102,359,783		200.00

RECLASSIFICATIONS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-6 | Date/Time Prepared: 11/24/2014 2:14 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - BENEFITS TRANSFER				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	885,874	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
	TOTALS		0	885,874	
	B - UTILITIES TRANSFER				
1.00	OPERATION OF PLANT	7.00	0	163,278	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		0	163,278	
	C - PHARMACY - CHARGEABLE DRUGS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	249,352	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
	TOTALS		0	249,352	
	D - BUILDING RENT				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	675,749	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
	TOTALS		0	675,749	

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	E - RENT-LEASE EQUIPMENT				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	403,803	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
	TOTALS		0	403,803	
	F - TAXES				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	54,217	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	54,217	
	G - LAUNDRY				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	479,497	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	479,497	
	H - INSURANCE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	133,478	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	133,478	
	I - NURSERY				
1.00	NURSERY	43.00	357,630	94,806	1.00
	TOTALS		357,630	94,806	
	J - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	532,907	1.00
	TOTALS		0	532,907	
	K - AHN FEE RECLASS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,300,344	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	256,312	2.00
	TOTALS		0	4,556,656	
	L - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,308,247	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

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		Increases				
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
	TOTALS		0	2,308,247		
	O - DIETARY-CAFETERIA					
1.00	CAFETERIA	11.00	0	1,636,775		1.00
	TOTALS		0	1,636,775		
	P - IMPLANTABLES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	4,743,924		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
	TOTALS		0	4,743,924		
	Q - PARAMED					
1.00	ALLIED HEALTH	23.00	136,363	862		1.00
	TOTALS		136,363	862		
500.00	Grand Total: Increases		493,993	16,919,425		500.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - BENEFITS TRANSFER						
1.00	ADMITTING	5.04	0	8,737	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	242	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	654,228	0		3.00
4.00	OPERATION OF PLANT	7.00	0	6,650	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	2,776	0		5.00
6.00	PHARMACY	15.00	0	10,893	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,655	0		7.00
8.00	SOCIAL SERVICE	17.00	0	2,597	0		8.00
9.00	ALLIED HEALTH	23.00	0	461	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	43,722	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	9,262	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	9,099	0		12.00
13.00	OPERATING ROOM	50.00	0	24,536	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	13,510	0		14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,531	0		15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,236	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	9,804	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	20,366	0		18.00
19.00	ELECTROCARDIOLOGY	69.00	0	7,570	0		19.00
20.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,803	0		20.00
21.00	PSYCH SERVICES	76.00	0	6,568	0		21.00
22.00	ENDOSCOPY	76.02	0	2,435	0		22.00
23.00	CLINIC	90.00	0	1,393	0		23.00
24.00	EMERGENCY	91.00	0	12,965	0		24.00
25.00	AMBULANCE SERVICES	95.00	0	6,099	0		25.00
26.00	CLINIC OF HOPE	194.01	0	1,736	0		26.00
	TOTALS		0	885,874			
	B - UTILITIES TRANSFER						
1.00	NONPATIENT TELEPHONES	5.01	0	79,336	0		1.00
2.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	10,623	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	15,015	0		3.00
4.00	OPERATING ROOM	50.00	0	200	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	7,108	0		5.00
6.00	LABORATORY	60.00	0	638	0		6.00
7.00	PHYSICAL THERAPY	66.00	0	40,133	0		7.00
8.00	ELECTROCARDIOLOGY	69.00	0	10,225	0		8.00
	TOTALS		0	163,278			
	C - PHARMACY - CHARGEABLE DRUGS						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	2,725	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	19,025	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	2,782	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	582	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	124	0		5.00
6.00	OPERATING ROOM	50.00	0	15,896	0		6.00
7.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,531	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	42,958	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	41,255	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	956	0		10.00
11.00	LABORATORY	60.00	0	136	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	809	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	923	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	97,213	0		14.00
15.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5	0		15.00
16.00	RENAL DIALYSIS	74.00	0	329	0		16.00
17.00	ENDOSCOPY	76.02	0	428	0		17.00
18.00	CLINIC	90.00	0	5,508	0		18.00
19.00	EMERGENCY	91.00	0	984	0		19.00
20.00	AMBULANCE SERVICES	95.00	0	6,912	0		20.00
21.00	CLINIC OF HOPE	194.01	0	8,271	0		21.00
	TOTALS		0	249,352			
	D - BUILDING RENT						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	258	9		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	101,702	0		2.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
3.00	MEDICAL RECORDS & LIBRARY	16.00	0	23	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	26,970	0		4.00
5.00	LABORATORY	60.00	0	6,118	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	357,317	0		6.00
7.00	ELECTROCARDIOLOGY	69.00	0	121,141	0		7.00
8.00	PSYCH SERVICES	76.00	0	44,100	0		8.00
9.00	CLINIC	90.00	0	3,120	0		9.00
10.00	CLINIC OF HOPE	194.01	0	15,000	0		10.00
	TOTALS		0	675,749			
	E - RENT-LEASE EQUIPMENT						
1.00	NONPATIENT TELEPHONES	5.01	0	28,587	9		1.00
2.00	DATA PROCESSING	5.02	0	1,320	0		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	32,883	0		3.00
4.00	ADMITTING	5.04	0	5,158	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	3,139	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,146	0		6.00
7.00	OPERATION OF PLANT	7.00	0	22,034	0		7.00
8.00	HOUSEKEEPING	9.00	0	516	0		8.00
9.00	DIETARY	10.00	0	533	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	41,867	0		10.00
11.00	PHARMACY	15.00	0	169,646	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,514	0		12.00
13.00	SOCIAL SERVICE	17.00	0	1,320	0		13.00
14.00	ADULTS & PEDIATRICS	30.00	0	11,105	0		14.00
15.00	INTENSIVE CARE UNIT	31.00	0	534	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	1,320	0		16.00
17.00	OPERATING ROOM	50.00	0	9,470	0		17.00
18.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,352	0		18.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	13,453	0		19.00
20.00	LABORATORY	60.00	0	1,360	0		20.00
21.00	RESPIRATORY THERAPY	65.00	0	14,161	0		21.00
22.00	PHYSICAL THERAPY	66.00	0	6,778	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	0	4,095	0		23.00
24.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	10,661	0		24.00
25.00	PSYCH SERVICES	76.00	0	25	0		25.00
26.00	CLINIC	90.00	0	516	0		26.00
27.00	EMERGENCY	91.00	0	6,118	0		27.00
28.00	AMBULANCE SERVICES	95.00	0	516	0		28.00
29.00	CLINIC OF HOPE	194.01	0	1,676	0		29.00
	TOTALS		0	403,803			
	F - TAXES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	53,320	9		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	598	0		2.00
3.00	LABORATORY	60.00	0	299	0		3.00
	TOTALS		0	54,217			
	G - LAUNDRY						
1.00	HOUSEKEEPING	9.00	0	143,050	0		1.00
2.00	OPERATING ROOM	50.00	0	310,917	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	389	0		3.00
4.00	PHYSICAL THERAPY	66.00	0	15,018	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	223	0		5.00
6.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,900	0		6.00
	TOTALS		0	479,497			
	H - INSURANCE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	133,388	9		1.00
2.00	PHYSICAL THERAPY	66.00	0	90	0		2.00
	TOTALS		0	133,478			
	I - NURSERY						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	357,630	94,806	0		1.00
	TOTALS		357,630	94,806			
	J - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	532,907	9		1.00
	TOTALS		0	532,907			
	K - AHN FEE RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,556,656	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	4,556,656			

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	L - MEDICAL SUPPLIES						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	4,204	0		1.00
2.00	ADMITTING	5.04	0	5,172	0		2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,717	0		3.00
4.00	OPERATION OF PLANT	7.00	0	87	0		4.00
5.00	HOUSEKEEPING	9.00	0	657	0		5.00
6.00	DIETARY	10.00	0	768	0		6.00
7.00	NURSING ADMINISTRATION	13.00	0	9,717	0		7.00
8.00	PHARMACY	15.00	0	5,585	0		8.00
9.00	MEDICAL RECORDS & LIBRARY	16.00	0	21	0		9.00
10.00	ADULTS & PEDIATRICS	30.00	0	410,045	0		10.00
11.00	INTENSIVE CARE UNIT	31.00	0	147,048	0		11.00
12.00	SUBPROVIDER - IRF	41.00	0	37,799	0		12.00
13.00	OPERATING ROOM	50.00	0	741,167	0		13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	158,568	0		14.00
15.00	ANESTHESIOLOGY	53.00	0	884	0		15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	167,294	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	157,180	0		17.00
18.00	LABORATORY	60.00	0	891	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	68,637	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	22,454	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	32,869	0		21.00
22.00	RENAL DIALYSIS	74.00	0	6,432	0		22.00
23.00	ENDOSCOPY	76.02	0	101,828	0		23.00
24.00	CLINIC	90.00	0	30,230	0		24.00
25.00	EMERGENCY	91.00	0	159,569	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	34,688	0		26.00
27.00	CLINIC OF HOPE	194.01	0	736	0		27.00
	TOTALS		0	2,308,247			
	O - DIETARY-CAFETERIA						
1.00	DIETARY	10.00	0	1,636,775	0		1.00
	TOTALS		0	1,636,775			
	P - IMPLANTABLES						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	3,750	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	19	0		2.00
3.00	OPERATING ROOM	50.00	0	4,503,288	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	0	30	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	146,908	0		5.00
6.00	PHYSICAL THERAPY	66.00	0	123	0		6.00
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,917	0		7.00
8.00	ENDOSCOPY	76.02	0	303	0		8.00
9.00	CLINIC	90.00	0	67,350	0		9.00
10.00	EMERGENCY	91.00	0	236	0		10.00
	TOTALS		0	4,743,924			
	Q - PARAMED						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	136,363	862	0		1.00
	TOTALS		136,363	862			
500.00	Grand Total: Decreases		493,993	16,919,425			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part I | Date/Time Prepared: 11/24/2014 2:14 pm

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	722,779	0	0	0	197,500	1.00
2.00	Land Improvements	2,293,922	0	0	0	528,944	2.00
3.00	Buildings and Fixtures	55,924,815	0	0	0	5,345,739	3.00
4.00	Building Improvements	9,512,904	313,189	0	313,189	149,799	4.00
5.00	Fixed Equipment	24,687,546	0	0	0	2,954,366	5.00
6.00	Movable Equipment	46,127,814	885,764	0	885,764	12,290,350	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	139,269,780	1,198,953	0	1,198,953	21,466,698	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	139,269,780	1,198,953	0	1,198,953	21,466,698	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	525,279	0	1.00
2.00	Land Improvements	1,764,978	0	2.00
3.00	Buildings and Fixtures	50,579,076	0	3.00
4.00	Building Improvements	9,676,294	0	4.00
5.00	Fixed Equipment	21,733,180	0	5.00
6.00	Movable Equipment	34,723,228	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	119,002,035	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	119,002,035	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part II | Date/Time Prepared: 11/24/2014 2:14 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,948,826	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,948,826	0	0	0	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	79,800	5,028,626	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	Total (sum of lines 1-2)	79,800	5,028,626	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-7 Part III Date/Time Prepared: 11/24/2014 2:14 pm

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	84,278,807	0	84,278,807	0.708213	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	34,723,228	0	34,723,228	0.291787	0	2.00
3.00	Total (sum of lines 1-2)	119,002,035	0	119,002,035	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,185,237	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,185,237	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	79,800	6,265,037	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	79,800	6,265,037	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/24/2014 2:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	B	-17,725	NONPATIENT TELEPHONES	5.01	0	7.00
8.00	Television and radio service (chapter 21)	A	-3,233	OPERATION OF PLANT	7.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,123,817			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	4,624,362			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-603,885	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		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	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 - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	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	SOUTHWAY REHAB OTH OP REV	B	-6,165	PHYSICAL THERAPY	66.00	0	33.00
34.00	FOREST PARK REHAB OTH OP REV	B	-27,125	PHYSICAL THERAPY	66.00	0	34.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8 | Date/Time Prepared: 11/24/2014 2:14 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
35.00	INFORMATION SERVICES OTHER OP REV	B	-640	DATA PROCESSING	5.02	0	35.00
36.00	HOSPITAL ASSESSMENT FEE	A	-8,440,255	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	EXPANSION HEALTH OTHER OP REV	B	-5,501	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	37.00
38.00	RENTAL INCOME	B	-465,860	CAP REL COSTS-BLDG & FIXT	1.00	9	38.00
39.00	PSYCH NURSING OTHER OP REV	B	-1,490	ADULTS & PEDIATRICS	30.00	0	39.00
41.00	PLANT OPERATIONS OTHER OP REV	B	-3,376	OPERATION OF PLANT	7.00	0	41.00
42.00	PATIENT TELEVISION	A	-7,637	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00	FOOD SERVIES OTHER OP REV	B	-22,647	DIETARY	10.00	0	43.00
44.00	TRINITY OTHER OP REV	B	-1,100	PSYCH SERVICES	76.00	0	44.00
44.01	NURSERY OTHER OP REV	B	-128	NURSERY	43.00	0	44.01
44.02	SLEEP LAB OTHER OP REV	B	-7,000	ELECTROCARDIOLOGY	69.00	0	44.02
44.03	REHAB SERVICES OP REV	B	-2,720	PHYSICAL THERAPY	66.00	0	44.03
44.04	WOMENS HEALTH OTHER OP REV	B	-85	DELIVERY ROOM & LABOR ROOM	52.00	0	44.04
44.05	PHARMACY OTHER OP REV	B	-40	PHARMACY	15.00	0	44.05
44.06	MISC ADMIN REVENU	B	-28,923	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.06
45.00	SUPPLY CHAIN OTHER OP REV	B	-25	PURCHASING RECEIVING AND STORES	5.03	0	45.00
45.02	1994 AHA LIVES	A	12,652	CAP REL COSTS-BLDG & FIXT	1.00	9	45.02
45.05	RADIATION OTHER OP REV	B	-130,268	RADIOLOGY-DIAGNOSTIC	54.00	0	45.05
45.08	LABORATORY OTHER OP REV	B	-5,114	LABORATORY	60.00	0	45.08
45.12	LOBBY EXPENSE	A	-1,430	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.12
45.13	LABOR & DELIVERY OTHER OP REV	B	-545	DELIVERY ROOM & LABOR ROOM	52.00	0	45.13
45.15	PHYSICIAN OFFICE SPACE	A	-100,612	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.15
45.18	PHARMACY NON-PATIENT SALES	B	-23,241	PHARMACY	15.00	0	45.18
45.19	NON ALLOWABLE EXPENSES	A	-23	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.19
45.20	NON ALLOWABLE EXPENSES	A	-21	RADIOLOGY-DIAGNOSTIC	54.00	0	45.20
45.23	CAFETERIA/VENDING REVENUE	B	-647	CAFETERIA	11.00	0	45.23
45.24	HR OTHER OP REV	B	-180	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	45.24
45.25	HIM ADMIN OTHER OP REV	B	-1,461	MEDICAL RECORDS & LIBRARY	16.00	0	45.25
45.26	EMPLOYEE EDUC OTHER OP REV	B	-1,207	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.26
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,397,112				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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 11/24/2014 2:14 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	NCI LINEN	78,944	0	1.00
2.00	8.00	LAUNDRY & LINEN SERVICE	NCI LINEN	187,389	249,305	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	TRIMEDX	1,878,750	1,890,947	3.00
4.00	52.00	DELIVERY ROOM & LABOR ROOM	TRIMEDX	437	440	4.00
4.01	54.00	RADIOLOGY-DIAGNOSTIC	TRIMEDX	19,652	19,780	4.01
4.02	71.00	MEDICAL SUPPLIES CHARGED TO	TRIMEDX	5,330	5,365	4.02
4.03	1.00	CAP REL COSTS-BLDG & FIXT	ASCENSION HEALTH-INTEREST	290,495	479,974	4.03
4.10	5.06	OTHER ADMINISTRATIVE AND GEN	ASCENSION HEALTH-INTEREST	32,037	52,933	4.10
4.11	5.06	OTHER ADMINISTRATIVE AND GEN	ASCENSION HEALTH-PENSION	1,492,933	626,883	4.11
4.12	4.00	EMPLOYEE BENEFITS DEPARTMENT	STV SELF INSURANCE	4,966,484	5,825,328	4.12
4.14	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - EMP BENEFITS - SALARIE	140,380	0	4.14
4.15	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - EMP BENEFITS - OTHER	1,244,696	621,087	4.15
4.16	5.01	NONPATIENT TELEPHONES	SVH - PHONES - SALARIES	53,723	0	4.16
4.17	5.01	NONPATIENT TELEPHONES	SVH - PHONES - OTHER	258,495	0	4.17
4.18	5.02	DATA PROCESSING	SVH IT - SALARIES	1,444,683	0	4.18
4.19	5.02	DATA PROCESSING	SVH IT - OTHER	2,568,259	0	4.19
4.20	5.03	PURCHASING RECEIVING AND STO	SVH - PURCHASING - SALARIES	259,593	0	4.20
4.21	5.03	PURCHASING RECEIVING AND STO	SVH - PURCHASING - OTHER	233,515	0	4.21
4.22	5.05	CASHIERING/ACCOUNTS RECEIVAB	SVH - CASHIER - SALARIES	183,578	0	4.22
4.23	5.05	CASHIERING/ACCOUNTS RECEIVAB	SVH - CASHIER - OTHER	270,162	0	4.23
4.24	5.06	OTHER ADMINISTRATIVE AND GEN	SVH - A&G - SALARIES	1,334,990	1,361,934	4.24
4.25	5.06	OTHER ADMINISTRATIVE AND GEN	SVH - A&G - OTHER	1,907,601	6,100,502	4.25
4.26	16.00	MEDICAL RECORDS & LIBRARY	SVH - MEDICAL RECS - SALARIE	382,199	0	4.26
4.27	16.00	MEDICAL RECORDS & LIBRARY	SVH - MEDICAL RECS - OTHER	128,359	0	4.27
4.28	194.04	COMMUNITY RELATIONS	SVH - MARKETING - SALARY	129,173	0	4.28
4.33	194.04	COMMUNITY RELATIONS	SVH - MARKETING - OTHER	533,851	0	4.33
4.34	5.06	OTHER ADMINISTRATIVE AND GEN	SVH - CAPITAL	1,833,132	0	4.34
4.45	4.00	EMPLOYEE BENEFITS DEPARTMENT	SVH - CHARGEBACKS	446,800	446,800	4.45
4.46	5.01	NONPATIENT TELEPHONES	SVH - CHARGEBACKS	147,912	147,912	4.46
4.47	5.03	PURCHASING RECEIVING AND STO	SVH - CHARGEBACKS	584,189	584,189	4.47
4.48	5.05	CASHIERING/ACCOUNTS RECEIVAB	SVH - CHARGEBACKS	685,378	685,378	4.48
4.49	5.06	OTHER ADMINISTRATIVE AND GEN	SVH - CHARGEBACKS	109,824	109,824	4.49
4.50	16.00	MEDICAL RECORDS & LIBRARY	SVH - CHARGEBACKS	550,320	550,320	4.50
4.51	23.00	ALLIED HEALTH	SVH - CHARGEBACKS	18,413	18,413	4.51
4.52	54.00	RADIOLOGY-DIAGNOSTIC	SVH - CHARGEBACKS	38,712	38,712	4.52
4.53	59.00	CARDIAC CATHETERIZATION	SVH - CHARGEBACKS	5,004	5,004	4.53
4.54	69.00	ELECTROCARDIOLOGY	SVH - CHARGEBACKS	195,996	195,996	4.54
4.55	95.00	AMBULANCE SERVICES	SVH - CHARGEBACKS	96,633	96,633	4.55
5.00	0		0	24,738,021	20,113,659	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	C		0.00	NCIL	0.00	6.00
7.00	B		0.00	ST VINCENT HEAL	100.00	7.00
8.00	B		0.00	ASCENSION HEALT	100.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/24/2014 2:14 pm

				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	

(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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-1 | Date/Time Prepared: 11/24/2014 2:14 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	78,944	9		1.00
2.00	-61,916	0		2.00
3.00	-12,197	0		3.00
4.00	-3	0		4.00
4.01	-128	0		4.01
4.02	-35	0		4.02
4.03	-189,479	9		4.03
4.10	-20,896	0		4.10
4.11	866,050	0		4.11
4.12	-858,844	0		4.12
4.14	140,380	0		4.14
4.15	623,609	0		4.15
4.16	53,723	0		4.16
4.17	258,495	0		4.17
4.18	1,444,683	0		4.18
4.19	2,568,259	0		4.19
4.20	259,593	0		4.20
4.21	233,515	0		4.21
4.22	183,578	0		4.22
4.23	270,162	0		4.23
4.24	-26,944	0		4.24
4.25	-4,192,901	0		4.25
4.26	382,199	0		4.26
4.27	128,359	0		4.27
4.28	129,173	0		4.28
4.33	533,851	0		4.33
4.34	1,833,132	0		4.34
4.45	0	0		4.45
4.46	0	0		4.46
4.47	0	0		4.47
4.48	0	0		4.48
4.49	0	0		4.49
4.50	0	0		4.50
4.51	0	0		4.51
4.52	0	0		4.52
4.53	0	0		4.53
4.54	0	0		4.54
4.55	0	0		4.55
5.00	4,624,362			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	LAUNDRY FACILITY		6.00
7.00	HOSPITAL MGMT		7.00
8.00	HOSPITAL MGMT		8.00
9.00			9.00
10.00			10.00
100.00			100.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet A-8-1 Date/Time Prepared: 11/24/2014 2:14 pm

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		

(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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet A-8-2 | Date/Time Prepared: 11/24/2014 2:14 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	22,322	22,322	0	0	0	1.00
2.00	76.00	PSYCH SERVICES	115,744	115,744	0	0	0	2.00
3.00	76.00	PSYCH SERVICES	74,181	74,181	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	61,475	61,475	0	0	0	4.00
5.00	90.00	CLINIC	1,500	1,500	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	36,025	36,025	0	0	0	6.00
7.00	60.00	LABORATORY	56,449	56,449	0	0	0	7.00
8.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	756,121	756,121	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,123,817	1,123,817	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	76.00	PSYCH SERVICES	0	0	0	0	0	2.00
3.00	76.00	PSYCH SERVICES	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	90.00	CLINIC	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	22,322		1.00
2.00	76.00	PSYCH SERVICES	0	0	0	115,744		2.00
3.00	76.00	PSYCH SERVICES	0	0	0	74,181		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	61,475		4.00
5.00	90.00	CLINIC	0	0	0	1,500		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	36,025		6.00
7.00	60.00	LABORATORY	0	0	0	56,449		7.00
8.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	756,121		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,123,817		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	6,265,037	6,265,037				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0		0			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,037,016	245,999	0	10,283,015		4.00
5.01	00540	NONPATIENT TELEPHONES	441,277	6,140	0	0	447,417	5.01
5.02	00550	DATA PROCESSING	4,028,656	63,821	0	3,542	21,968	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	1,318,343	78,443	0	159,227	10,984	5.03
5.04	00570	ADMITTING	1,127,458	31,546	0	310,366	8,787	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,618,861	36,151	0	169,146	10,252	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	13,451,667	745,498	0	1,281,532	59,314	5.06
7.00	00700	OPERATION OF PLANT	3,628,848	882,488	0	238,928	8,787	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	417,581	9,940	0	0	732	8.00
9.00	00900	HOUSEKEEPING	1,667,056	38,665	0	0	3,661	9.00
10.00	01000	DIETARY	565,448	99,877	0	0	16,110	10.00
11.00	01100	CAFETERIA	1,032,243	121,080	0	0	3,661	11.00
13.00	01300	NURSING ADMINISTRATION	373,581	50,389	0	105,010	11,716	13.00
15.00	01500	PHARMACY	4,593,382	61,384	0	418,008	10,984	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,622,031	46,955	0	274,344	11,716	16.00
17.00	01700	SOCIAL SERVICE	435,340	54,400	0	100,708	8,055	17.00
23.00	02300	ALLIED HEALTH	229,041	17,193	0	58,993	1,465	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	5,670,700	564,991	0	1,533,418	29,291	30.00
31.00	03100	INTENSIVE CARE UNIT	1,259,126	108,147	0	340,764	21,968	31.00
41.00	04100	SUBPROVIDER - IRF	1,121,796	260,352	0	307,452	14,645	41.00
43.00	04300	NURSERY	452,308	30,875	0	100,799	7,323	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,710,479	645,065	0	935,057	14,645	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,428,565	62,632	0	381,485	21,968	52.00
53.00	05300	ANESTHESIOLOGY	7,126	5,315	0	0	15,378	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,090,526	495,470	0	839,079	24,897	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	245,201	7,675	0	40,827	5,126	59.00
60.00	06000	LABORATORY	5,136,581	151,590	0	0	4,394	60.00
65.00	06500	RESPIRATORY THERAPY	1,368,760	23,736	0	358,527	10,984	65.00
66.00	06600	PHYSICAL THERAPY	2,824,008	217,810	0	747,433	31,488	66.00
69.00	06900	ELECTROCARDIOLOGY	1,392,197	129,159	0	315,449	12,449	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,944,503	82,684	0	81,911	1,465	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,743,924	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,549,696	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	171,849	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	967,729	88,095	0	253,016	13,913	76.00
76.02	03022	ENDOSCOPY	471,764	0	0	88,787	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	602,390	57,566	0	54,805	732	90.00
91.00	09100	EMERGENCY	2,463,163	371,109	0	488,263	21,968	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	959,431	76,141	0	232,101	1,465	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	101,434,688	5,968,381	0	10,218,977	442,291	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,745	0	0	732	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	276,911	0	0	2,197	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	262,071	0	0	64,038	2,197	194.01
194.04	07952	COMMUNITY RELATIONS	663,024	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	102,359,783	6,265,037	0	10,283,015	447,417	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING	4,117,987					5.02
5.03	00561	PURCHASING RECEIVING AND STORES	55,799	1,622,796				5.03
5.04	00570	ADMITTING	111,599	7,357	1,597,113			5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	33,480	99	0	1,867,989		5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	334,796	38,339	0	0	15,911,146	5.06
7.00	00700	OPERATION OF PLANT	66,959	2,115	0	0	4,828,125	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	428,253	8.00
9.00	00900	HOUSEKEEPING	33,480	1,262	0	0	1,744,124	9.00
10.00	01000	DIETARY	55,799	0	0	0	737,234	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,156,984	11.00
13.00	01300	NURSING ADMINISTRATION	44,639	3,232	0	0	588,567	13.00
15.00	01500	PHARMACY	111,599	12,405	0	0	5,207,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	133,918	1,998	0	0	2,090,962	16.00
17.00	01700	SOCIAL SERVICE	55,799	285	0	0	654,587	17.00
23.00	02300	ALLIED HEALTH	22,320	0	0	0	329,012	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	234,357	150,927	102,240	119,577	8,405,501	30.00
31.00	03100	INTENSIVE CARE UNIT	390,595	50,170	28,806	33,691	2,233,267	31.00
41.00	04100	SUBPROVIDER - IRF	122,758	14,521	21,321	24,937	1,887,782	41.00
43.00	04300	NURSERY	11,160	0	17,535	20,508	640,508	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	703,071	825,618	223,104	260,938	9,317,977	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,799	74,479	36,284	42,437	2,103,649	52.00
53.00	05300	ANESTHESIOLOGY	11,160	959	31,079	36,350	107,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	167,398	63,172	223,322	261,232	6,165,096	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	44,639	53,801	26,106	30,534	453,909	59.00
60.00	06000	LABORATORY	334,796	492	220,596	258,004	6,106,453	60.00
65.00	06500	RESPIRATORY THERAPY	44,639	22,970	36,135	42,263	1,908,014	65.00
66.00	06600	PHYSICAL THERAPY	267,837	13,302	83,085	97,174	4,282,137	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,999	76,756	89,772	2,034,781	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	103,472	63,017	73,703	3,350,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	59,607	69,715	4,873,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	89,510	104,689	4,743,895	73.00
74.00	07400	RENAL DIALYSIS	11,160	3,640	578	677	187,904	74.00
76.00	03020	PSYCH SERVICES	133,918	226	10,495	12,275	1,479,667	76.00
76.02	03022	ENDOSCOPY	0	72,906	28,062	32,820	694,339	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	44,639	10,657	47,167	55,165	873,121	90.00
91.00	09100	EMERGENCY	390,595	63,045	148,235	173,372	4,119,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	11,160	11,689	24,073	28,156	1,344,216	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,039,868	1,622,137	1,597,113	1,867,989	100,990,090	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	20,477	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	33,480	0	0	0	312,588	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	44,639	657	0	0	373,602	194.01
194.04	07952	COMMUNITY RELATIONS	0	2	0	0	663,026	194.04
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,117,987	1,622,796	1,597,113	1,867,989	102,359,783	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	15,911,146					5.06
7.00	00700	OPERATION OF PLANT	888,631	5,716,756				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	78,821	13,610	520,684			8.00
9.00	00900	HOUSEKEEPING	321,011	52,944	0	2,118,079		9.00
10.00	01000	DIETARY	135,690	136,761	9,791	0	1,019,476	10.00
11.00	01100	CAFETERIA	212,946	165,795	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	108,328	68,998	0	2,159	0	13.00
15.00	01500	PHARMACY	958,504	84,054	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	384,848	64,295	0	1,080	0	16.00
17.00	01700	SOCIAL SERVICE	120,479	74,490	0	1,080	0	17.00
23.00	02300	ALLIED HEALTH	60,556	23,542	0	1,080	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,547,058	773,641	181,520	636,932	790,759	30.00
31.00	03100	INTENSIVE CARE UNIT	411,039	148,086	23,615	161,933	37,589	31.00
41.00	04100	SUBPROVIDER - IRF	347,452	356,499	38,590	161,933	191,128	41.00
43.00	04300	NURSERY	117,887	42,276	0	32,387	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,715,016	883,289	94,094	323,865	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	387,183	85,762	50,163	275,285	0	52.00
53.00	05300	ANESTHESIOLOGY	19,761	7,278	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,134,704	678,447	33,249	64,773	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	83,543	10,510	2,984	10,796	0	59.00
60.00	06000	LABORATORY	1,123,911	207,572	335	66,932	0	60.00
65.00	06500	RESPIRATORY THERAPY	351,176	32,502	0	3,239	0	65.00
66.00	06600	PHYSICAL THERAPY	788,140	298,247	3,455	19,432	0	66.00
69.00	06900	ELECTROCARDIOLOGY	374,508	176,857	4,974	30,227	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,717	113,219	0	60,455	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	896,936	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	873,128	0	0	24,830	0	73.00
74.00	07400	RENAL DIALYSIS	34,584	0	0	10,796	0	74.00
76.00	03020	PSYCH SERVICES	272,337	120,629	0	0	0	76.00
76.02	03022	ENDOSCOPY	127,795	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	160,701	78,825	0	34,546	0	90.00
91.00	09100	EMERGENCY	758,252	508,158	73,516	194,319	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	247,407	104,259	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,659,049	5,310,545	516,286	2,118,079	1,019,476	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,769	27,037	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	57,533	379,174	4,398	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	68,763	0	0	0	0	194.01
194.04	07952	COMMUNITY RELATIONS	122,032	0	0	0	0	194.04
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)	15,911,146	5,716,756	520,684	2,118,079	1,019,476	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	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	1,535,725					11.00
13.00	01300	NURSING ADMINISTRATION	15,530	783,582				13.00
15.00	01500	PHARMACY	51,281	0	6,301,601			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	70,001	0	0	2,611,186		16.00
17.00	01700	SOCIAL SERVICE	19,237	0	0	0	869,873	17.00
23.00	02300	ALLIED HEALTH	10,435	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	320,615	183,479	0	167,175	587,391	30.00
31.00	03100	INTENSIVE CARE UNIT	62,486	35,759	0	47,102	84,246	31.00
41.00	04100	SUBPROVIDER - IRF	61,529	35,212	0	34,863	142,791	41.00
43.00	04300	NURSERY	18,142	10,382	0	28,672	55,445	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	182,959	104,703	0	364,804	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,660	39,292	0	59,329	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	50,819	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	153,960	88,108	0	364,861	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	6,419	3,674	0	42,687	0	59.00
60.00	06000	LABORATORY	0	0	0	360,702	0	60.00
65.00	06500	RESPIRATORY THERAPY	64,642	36,993	0	59,085	0	65.00
66.00	06600	PHYSICAL THERAPY	122,006	69,821	0	135,854	0	66.00
69.00	06900	ELECTROCARDIOLOGY	59,566	34,088	0	125,506	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,158	14,397	0	103,040	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	97,465	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	6,301,601	146,361	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	946	0	74.00
76.00	03020	PSYCH SERVICES	36,985	21,165	0	17,161	0	76.00
76.02	03022	ENDOSCOPY	14,381	8,230	0	45,884	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	13,550	7,754	0	77,124	0	90.00
91.00	09100	EMERGENCY	80,612	46,133	0	242,383	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	65,942	37,737	0	39,363	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,524,096	776,927	6,301,601	2,611,186	869,873	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	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	11,629	6,655	0	0	0	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,535,725	783,582	6,301,601	2,611,186	869,873	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part I Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
23.00	02300	ALLIED HEALTH	424,625					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	13,594,071	0	13,594,071		30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,245,122	0	3,245,122		31.00
41.00	04100	SUBPROVIDER - IRF	0	3,257,779	0	3,257,779		41.00
43.00	04300	NURSERY	0	945,699	0	945,699		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,986,707	0	12,986,707		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,069,323	0	3,069,323		52.00
53.00	05300	ANESTHESIOLOGY	0	185,225	0	185,225		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,625	9,107,823	0	9,107,823		54.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	614,522	0	614,522		59.00
60.00	06000	LABORATORY	0	7,865,905	0	7,865,905		60.00
65.00	06500	RESPIRATORY THERAPY	0	2,455,651	0	2,455,651		65.00
66.00	06600	PHYSICAL THERAPY	0	5,719,092	0	5,719,092		66.00
69.00	06900	ELECTROCARDIOLOGY	0	2,840,507	0	2,840,507		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,283,741	0	4,283,741		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,867,647	0	5,867,647		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	12,089,815	0	12,089,815		73.00
74.00	07400	RENAL DIALYSIS	0	234,230	0	234,230		74.00
76.00	03020	PSYCH SERVICES	0	1,947,944	0	1,947,944		76.00
76.02	03022	ENDOSCOPY	0	890,629	0	890,629		76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	1,245,621	0	1,245,621		90.00
91.00	09100	EMERGENCY	0	6,023,123	0	6,023,123		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1,838,924	0	1,838,924		95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	424,625	100,309,100	0	100,309,100		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,283	0	51,283		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	753,693	0	753,693		192.00
194.00	07950	FOUNDATION	0	0	0	0		194.00
194.01	07951	CLINIC OF HOPE	0	460,649	0	460,649		194.01
194.04	07952	COMMUNITY RELATIONS	0	785,058	0	785,058		194.04
200.00		Cross Foot Adjustments	0	0	0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	424,625	102,359,783	0	102,359,783		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	245,999	0	245,999	245,999	4.00
5.01	00540	NONPATIENT TELEPHONES	0	6,140	0	6,140	0	5.01
5.02	00550	DATA PROCESSING	0	63,821	0	63,821	85	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	0	78,443	0	78,443	3,809	5.03
5.04	00570	ADMITTING	0	31,546	0	31,546	7,425	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	0	36,151	0	36,151	4,047	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	1,833,132	745,498	0	2,578,630	30,659	5.06
7.00	00700	OPERATION OF PLANT	0	882,488	0	882,488	5,716	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,940	0	9,940	0	8.00
9.00	00900	HOUSEKEEPING	0	38,665	0	38,665	0	9.00
10.00	01000	DIETARY	0	99,877	0	99,877	0	10.00
11.00	01100	CAFETERIA	0	121,080	0	121,080	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	50,389	0	50,389	2,512	13.00
15.00	01500	PHARMACY	0	61,384	0	61,384	10,000	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	46,955	0	46,955	6,563	16.00
17.00	01700	SOCIAL SERVICE	0	54,400	0	54,400	2,409	17.00
23.00	02300	ALLIED HEALTH	0	17,193	0	17,193	1,411	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	564,991	0	564,991	36,678	30.00
31.00	03100	INTENSIVE CARE UNIT	0	108,147	0	108,147	8,152	31.00
41.00	04100	SUBPROVIDER - IRF	0	260,352	0	260,352	7,355	41.00
43.00	04300	NURSERY	0	30,875	0	30,875	2,411	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	645,065	0	645,065	22,370	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	62,632	0	62,632	9,127	52.00
53.00	05300	ANESTHESIOLOGY	0	5,315	0	5,315	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	495,470	0	495,470	20,074	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	7,675	0	7,675	977	59.00
60.00	06000	LABORATORY	0	151,590	0	151,590	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,736	0	23,736	8,577	65.00
66.00	06600	PHYSICAL THERAPY	0	217,810	0	217,810	17,881	66.00
69.00	06900	ELECTROCARDIOLOGY	0	129,159	0	129,159	7,547	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	82,684	0	82,684	1,960	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	0	88,095	0	88,095	6,053	76.00
76.02	03022	ENDOSCOPY	0	0	0	0	2,124	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	57,566	0	57,566	1,311	90.00
91.00	09100	EMERGENCY	0	371,109	0	371,109	11,681	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	76,141	0	76,141	5,553	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,833,132	5,968,381	0	7,801,513	244,467	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,745	0	19,745	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	276,911	0	276,911	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	0	0	0	0	1,532	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,833,132	6,265,037	0	8,098,169	245,999	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/24/2014 2:14 pm

		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	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES	6,140					5.01
5.02	00550	DATA PROCESSING	301	64,207				5.02
5.03	00561	PURCHASING RECEIVING AND STORES	151	870	83,273			5.03
5.04	00570	ADMITTING	121	1,740	378	41,210		5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	141	522	5	0	40,866	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	815	5,220	1,967	0	0	5.06
7.00	00700	OPERATION OF PLANT	121	1,044	109	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	50	522	65	0	0	9.00
10.00	01000	DIETARY	221	870	0	0	0	10.00
11.00	01100	CAFETERIA	50	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	161	696	166	0	0	13.00
15.00	01500	PHARMACY	151	1,740	637	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	161	2,088	103	0	0	16.00
17.00	01700	SOCIAL SERVICE	111	870	15	0	0	17.00
23.00	02300	ALLIED HEALTH	20	348	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	402	3,654	7,745	2,629	2,604	30.00
31.00	03100	INTENSIVE CARE UNIT	301	6,090	2,575	741	734	31.00
41.00	04100	SUBPROVIDER - IRF	201	1,914	745	548	543	41.00
43.00	04300	NURSERY	100	174	0	451	447	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	201	10,963	42,361	5,737	5,683	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	301	870	3,822	933	924	52.00
53.00	05300	ANESTHESIOLOGY	211	174	49	799	792	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	342	2,610	3,242	5,881	5,874	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	70	696	2,761	671	665	59.00
60.00	06000	LABORATORY	60	5,220	25	5,673	5,619	60.00
65.00	06500	RESPIRATORY THERAPY	151	696	1,179	929	920	65.00
66.00	06600	PHYSICAL THERAPY	432	4,176	683	2,137	2,116	66.00
69.00	06900	ELECTROCARDIOLOGY	171	0	975	1,974	1,955	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	20	0	5,310	1,621	1,605	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,533	1,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,302	2,280	73.00
74.00	07400	RENAL DIALYSIS	0	174	187	15	15	74.00
76.00	03020	PSYCH SERVICES	191	2,088	12	270	267	76.00
76.02	03022	ENDOSCOPY	0	0	3,741	722	715	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	10	696	547	1,213	1,201	90.00
91.00	09100	EMERGENCY	301	6,090	3,235	3,812	3,776	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	20	174	600	619	613	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,070	62,989	83,239	41,210	40,866	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30	522	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	30	696	34	0	0	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
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)	6,140	64,207	83,273	41,210	40,866	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	2,617,291					5.06
7.00	00700	OPERATION OF PLANT	146,176	1,035,654				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,966	2,466	25,382			8.00
9.00	00900	HOUSEKEEPING	52,805	9,591	0	101,698		9.00
10.00	01000	DIETARY	22,320	24,776	477	0	148,541	10.00
11.00	01100	CAFETERIA	35,029	30,036	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	17,819	12,500	0	104	0	13.00
15.00	01500	PHARMACY	157,670	15,227	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	63,306	11,648	0	52	0	16.00
17.00	01700	SOCIAL SERVICE	19,818	13,495	0	52	0	17.00
23.00	02300	ALLIED HEALTH	9,961	4,265	0	52	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	254,485	140,154	8,851	30,581	115,216	30.00
31.00	03100	INTENSIVE CARE UNIT	67,614	26,827	1,151	7,775	5,477	31.00
41.00	04100	SUBPROVIDER - IRF	57,154	64,584	1,881	7,775	27,848	41.00
43.00	04300	NURSERY	19,392	7,659	0	1,555	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	282,086	160,014	4,587	15,550	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	63,690	15,537	2,445	13,218	0	52.00
53.00	05300	ANESTHESIOLOGY	3,251	1,319	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	186,654	122,908	1,621	3,110	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	13,743	1,904	145	518	0	59.00
60.00	06000	LABORATORY	184,879	37,604	16	3,214	0	60.00
65.00	06500	RESPIRATORY THERAPY	57,767	5,888	0	156	0	65.00
66.00	06600	PHYSICAL THERAPY	129,646	54,031	168	933	0	66.00
69.00	06900	ELECTROCARDIOLOGY	61,605	32,040	242	1,451	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	101,447	20,511	0	2,903	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	147,542	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	143,626	0	0	1,192	0	73.00
74.00	07400	RENAL DIALYSIS	5,689	0	0	518	0	74.00
76.00	03020	PSYCH SERVICES	44,798	21,853	0	0	0	76.00
76.02	03022	ENDOSCOPY	21,022	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,435	14,280	0	1,659	0	90.00
91.00	09100	EMERGENCY	124,730	92,059	3,584	9,330	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	40,697	18,888	0	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,575,822	962,064	25,168	101,698	148,541	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	620	4,898	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,464	68,692	214	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	11,311	0	0	0	0	194.01
194.04	07952	COMMUNITY RELATIONS	20,074	0	0	0	0	194.04
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)	2,617,291	1,035,654	25,382	101,698	148,541	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			11.00	13.00	15.00	16.00	17.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	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	186,195					11.00
13.00	01300	NURSING ADMINISTRATION	1,883	86,230				13.00
15.00	01500	PHARMACY	6,217	0	253,026			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,487	0	0	139,363		16.00
17.00	01700	SOCIAL SERVICE	2,332	0	0	0	93,502	17.00
23.00	02300	ALLIED HEALTH	1,265	0	0	0	0	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,873	20,193	0	8,929	63,138	30.00
31.00	03100	INTENSIVE CARE UNIT	7,576	3,935	0	2,516	9,056	31.00
41.00	04100	SUBPROVIDER - IRF	7,460	3,875	0	1,862	15,348	41.00
43.00	04300	NURSERY	2,200	1,142	0	1,531	5,960	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,182	11,522	0	19,485	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,324	4,324	0	3,169	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	2,714	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,667	9,696	0	19,382	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	778	404	0	2,280	0	59.00
60.00	06000	LABORATORY	0	0	0	19,266	0	60.00
65.00	06500	RESPIRATORY THERAPY	7,837	4,071	0	3,156	0	65.00
66.00	06600	PHYSICAL THERAPY	14,792	7,683	0	7,256	0	66.00
69.00	06900	ELECTROCARDIOLOGY	7,222	3,751	0	6,704	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,050	1,584	0	5,504	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,206	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	253,026	7,817	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	51	0	74.00
76.00	03020	PSYCH SERVICES	4,484	2,329	0	917	0	76.00
76.02	03022	ENDOSCOPY	1,744	906	0	2,451	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,643	853	0	4,119	0	90.00
91.00	09100	EMERGENCY	9,774	5,077	0	12,946	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	7,995	4,153	0	2,102	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	184,785	85,498	253,026	139,363	93,502	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	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	1,410	732	0	0	0	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
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)	186,195	86,230	253,026	139,363	93,502	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B Part II Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	ALLIED HEALTH	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			23.00	24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	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
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
23.00	02300	ALLIED HEALTH	34,515					23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		1,299,123	0	1,299,123		30.00
31.00	03100	INTENSIVE CARE UNIT		258,667	0	258,667		31.00
41.00	04100	SUBPROVIDER - IRF		459,445	0	459,445		41.00
43.00	04300	NURSERY		73,897	0	73,897		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM		1,247,806	0	1,247,806		50.00
51.00	05100	RECOVERY ROOM		0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		189,316	0	189,316		52.00
53.00	05300	ANESTHESIOLOGY		14,624	0	14,624		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		895,531	0	895,531		54.00
57.00	05700	CT SCAN		0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION		33,287	0	33,287		59.00
60.00	06000	LABORATORY		413,166	0	413,166		60.00
65.00	06500	RESPIRATORY THERAPY		115,063	0	115,063		65.00
66.00	06600	PHYSICAL THERAPY		459,744	0	459,744		66.00
69.00	06900	ELECTROCARDIOLOGY		254,796	0	254,796		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		228,199	0	228,199		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		155,799	0	155,799		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		410,243	0	410,243		73.00
74.00	07400	RENAL DIALYSIS		6,649	0	6,649		74.00
76.00	03020	PSYCH SERVICES		171,357	0	171,357		76.00
76.02	03022	ENDOSCOPY		33,425	0	33,425		76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC		111,533	0	111,533		90.00
91.00	09100	EMERGENCY		657,504	0	657,504		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)		0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES		157,555	0	157,555		95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	7,646,729	0	7,646,729		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		25,273	0	25,273		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		355,833	0	355,833		192.00
194.00	07950	FOUNDATION		0	0	0		194.00
194.01	07951	CLINIC OF HOPE		15,745	0	15,745		194.01
194.04	07952	COMMUNITY RELATIONS		20,074	0	20,074		194.04
200.00		Cross Foot Adjustments	34,515	34,515	0	34,515		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	34,515	8,098,169	0	8,098,169		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	CAPITAL RELATED COSTS					
			BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (NO STATISTIC)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (# OF PHONES)	DATA PROCESSING (# OF TERMINALS)	
			1.00	2.00	4.00	5.01	5.02	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	326,497					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	12,820	0	36,483,448			4.00
5.01	00540	NONPATIENT TELEPHONES	320	0	0	611		5.01
5.02	00550	DATA PROCESSING	3,326	0	12,567	30	738	5.02
5.03	00561	PURCHASING RECEIVING AND STORES	4,088	0	564,929	15	10	5.03
5.04	00570	ADMITTING	1,644	0	1,101,158	12	20	5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	1,884	0	600,118	14	6	5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	38,851	0	4,546,793	81	60	5.06
7.00	00700	OPERATION OF PLANT	45,990	0	847,701	12	12	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	518	0	0	1	0	8.00
9.00	00900	HOUSEKEEPING	2,015	0	0	5	6	9.00
10.00	01000	DIETARY	5,205	0	0	22	10	10.00
11.00	01100	CAFETERIA	6,310	0	0	5	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,626	0	372,568	16	8	13.00
15.00	01500	PHARMACY	3,199	0	1,483,065	15	20	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,447	0	973,356	16	24	16.00
17.00	01700	SOCIAL SERVICE	2,835	0	357,305	11	10	17.00
23.00	02300	ALLIED HEALTH	896	0	209,304	2	4	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,444	0	5,440,436	40	42	30.00
31.00	03100	INTENSIVE CARE UNIT	5,636	0	1,209,008	30	70	31.00
41.00	04100	SUBPROVIDER - IRF	13,568	0	1,090,820	20	22	41.00
43.00	04300	NURSERY	1,609	0	357,630	10	2	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,617	0	3,317,522	20	126	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,264	0	1,353,484	30	10	52.00
53.00	05300	ANESTHESIOLOGY	277	0	0	21	2	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,821	0	2,977,000	34	30	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	400	0	144,852	7	8	59.00
60.00	06000	LABORATORY	7,900	0	0	6	60	60.00
65.00	06500	RESPIRATORY THERAPY	1,237	0	1,272,032	15	8	65.00
66.00	06600	PHYSICAL THERAPY	11,351	0	2,651,846	43	48	66.00
69.00	06900	ELECTROCARDIOLOGY	6,731	0	1,119,193	17	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,309	0	290,614	2	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	2	74.00
76.00	03020	PSYCH SERVICES	4,591	0	897,686	19	24	76.00
76.02	03022	ENDOSCOPY	0	0	315,009	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,000	0	194,446	1	8	90.00
91.00	09100	EMERGENCY	19,340	0	1,732,326	30	70	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,968	0	823,478	2	2	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	311,037	0	36,256,246	604	724	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,029	0	0	1	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,431	0	0	3	6	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	0	0	227,202	3	8	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,265,037	0	10,283,015	447,417	4,117,987	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.188651	0.000000	0.281854	732.270049	5,579.928184	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			245,999	6,140	64,207	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.006743	10.049100	87.001355	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	PURCHASING RECEIVING AND STORES (COSTED REQUISITIO)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES	5,154,378					5.03
5.04	00570	ADMITTING	23,367	387,438,173				5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE	315	0	387,438,173			5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL	121,773	0	0	-15,911,146	86,448,637	5.06
7.00	00700	OPERATION OF PLANT	6,719	0	0	0	4,828,125	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	428,253	8.00
9.00	00900	HOUSEKEEPING	4,007	0	0	0	1,744,124	9.00
10.00	01000	DIETARY	0	0	0	0	737,234	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,156,984	11.00
13.00	01300	NURSING ADMINISTRATION	10,266	0	0	0	588,567	13.00
15.00	01500	PHARMACY	39,400	0	0	0	5,207,762	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,347	0	0	0	2,090,962	16.00
17.00	01700	SOCIAL SERVICE	906	0	0	0	654,587	17.00
23.00	02300	ALLIED HEALTH	0	0	0	0	329,012	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	479,381	24,803,403	24,803,403	0	8,405,501	30.00
31.00	03100	INTENSIVE CARE UNIT	159,353	6,988,402	6,988,402	0	2,233,267	31.00
41.00	04100	SUBPROVIDER - IRF	46,121	5,172,511	5,172,511	0	1,887,782	41.00
43.00	04300	NURSERY	0	4,253,933	4,253,933	0	640,508	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,622,350	54,125,235	54,125,235	0	9,317,977	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	236,564	8,802,559	8,802,559	0	2,103,649	52.00
53.00	05300	ANESTHESIOLOGY	3,046	7,539,837	7,539,837	0	107,367	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	200,648	54,155,482	54,155,482	0	6,165,096	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	170,886	6,333,445	6,333,445	0	453,909	59.00
60.00	06000	LABORATORY	1,563	53,516,689	53,516,689	0	6,106,453	60.00
65.00	06500	RESPIRATORY THERAPY	72,959	8,766,378	8,766,378	0	1,908,014	65.00
66.00	06600	PHYSICAL THERAPY	42,251	20,156,440	20,156,440	0	4,282,137	66.00
69.00	06900	ELECTROCARDIOLOGY	60,346	18,621,078	18,621,078	0	2,034,781	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	328,652	15,287,868	15,287,868	0	3,350,755	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,460,704	14,460,704	0	4,873,246	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,715,226	21,715,226	0	4,743,895	73.00
74.00	07400	RENAL DIALYSIS	11,562	140,337	140,337	0	187,904	74.00
76.00	03020	PSYCH SERVICES	718	2,546,124	2,546,124	0	1,479,667	76.00
76.02	03022	ENDOSCOPY	231,566	6,807,765	6,807,765	0	694,339	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	33,848	11,442,660	11,442,660	0	873,121	90.00
91.00	09100	EMERGENCY	200,247	35,961,868	35,961,868	0	4,119,750	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	37,126	5,840,229	5,840,229	0	1,344,216	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,152,287	387,438,173	387,438,173	-15,911,146	85,078,944	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	20,477	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	312,588	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	2,086	0	0	0	373,602	194.01
194.04	07952	COMMUNITY RELATIONS	5	0	0	0	663,026	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,622,796	1,597,113	1,867,989		15,911,146	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.314838	0.004122	0.004821		0.184053	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	83,273	41,210	40,866		2,617,291	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.016156	0.000106	0.000105		0.030276	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	00580	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00590	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT	217,574					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	518	725,688				8.00
9.00	00900	HOUSEKEEPING	2,015	0	1,962			9.00
10.00	01000	DIETARY	5,205	13,646	0	65,608		10.00
11.00	01100	CAFETERIA	6,310	0	0	0	1,099,036	11.00
13.00	01300	NURSING ADMINISTRATION	2,626	0	2	0	11,114	13.00
15.00	01500	PHARMACY	3,199	0	0	0	36,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,447	0	1	0	50,096	16.00
17.00	01700	SOCIAL SERVICE	2,835	0	1	0	13,767	17.00
23.00	02300	ALLIED HEALTH	896	0	1	0	7,468	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	29,444	252,985	590	50,889	229,447	30.00
31.00	03100	INTENSIVE CARE UNIT	5,636	32,913	150	2,419	44,718	31.00
41.00	04100	SUBPROVIDER - IRF	13,568	53,784	150	12,300	44,033	41.00
43.00	04300	NURSERY	1,609	0	30	0	12,983	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	33,617	131,141	300	0	130,934	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,264	69,913	255	0	49,136	52.00
53.00	05300	ANESTHESIOLOGY	277	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,821	46,340	60	0	110,181	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	400	4,159	10	0	4,594	59.00
60.00	06000	LABORATORY	7,900	467	62	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,237	0	3	0	46,261	65.00
66.00	06600	PHYSICAL THERAPY	11,351	4,816	18	0	87,313	66.00
69.00	06900	ELECTROCARDIOLOGY	6,731	6,933	28	0	42,628	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,309	0	56	0	18,004	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	23	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	10	0	0	74.00
76.00	03020	PSYCH SERVICES	4,591	0	0	0	26,468	76.00
76.02	03022	ENDOSCOPY	0	0	0	0	10,292	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,000	0	32	0	9,697	90.00
91.00	09100	EMERGENCY	19,340	102,461	180	0	57,690	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	3,968	0	0	0	47,191	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	202,114	719,558	1,962	65,608	1,090,714	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,029	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,431	6,130	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	0	0	0	0	8,322	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,716,756	520,684	2,118,079	1,019,476	1,535,725	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	26.274996	0.717504	1,079.550968	15.538898	1.397338	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	1,035,654	25,382	101,698	148,541	186,195	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	4.760008	0.034976	51.833843	2.264068	0.169417	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet B-1 | Date/Time Prepared: 11/24/2014 2:14 pm

		Cost Center Description	NURSING ADMINISTRATION (DIRECT NRSG HRS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (PATIENT DAYS)	ALLIED HEALTH (ASSIGNED TIME)	
			13.00	15.00	16.00	17.00	23.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00540	NONPATIENT TELEPHONES						5.01
5.02	00550	DATA PROCESSING						5.02
5.03	00561	PURCHASING RECEIVING AND STORES						5.03
5.04	00570	ADMITTING						5.04
5.05	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	979,892					13.00
15.00	01500	PHARMACY	0	1,000				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	387,438,173			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	24,977		17.00
23.00	02300	ALLIED HEALTH	0	0	0	0	100	23.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	229,447	0	24,803,403	16,866	0	30.00
31.00	03100	INTENSIVE CARE UNIT	44,718	0	6,988,402	2,419	0	31.00
41.00	04100	SUBPROVIDER - IRF	44,033	0	5,172,511	4,100	0	41.00
43.00	04300	NURSERY	12,983	0	4,253,933	1,592	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	130,934	0	54,125,235	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,136	0	8,802,559	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	7,539,837	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	110,181	0	54,155,482	0	100	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,594	0	6,333,445	0	0	59.00
60.00	06000	LABORATORY	0	0	53,516,689	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	46,261	0	8,766,378	0	0	65.00
66.00	06600	PHYSICAL THERAPY	87,313	0	20,156,440	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	42,628	0	18,621,078	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,004	0	15,287,868	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	14,460,704	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,000	21,715,226	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	140,337	0	0	74.00
76.00	03020	PSYCH SERVICES	26,468	0	2,546,124	0	0	76.00
76.02	03022	ENDOSCOPY	10,292	0	6,807,765	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	9,697	0	11,442,660	0	0	90.00
91.00	09100	EMERGENCY	57,690	0	35,961,868	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	47,191	0	5,840,229	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	971,570	1,000	387,438,173	24,977	100	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	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	CLINIC OF HOPE	8,322	0	0	0	0	194.01
194.04	07952	COMMUNITY RELATIONS	0	0	0	0	0	194.04
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)	783,582	6,301,601	2,611,186	869,873	424,625	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.799662	6,301.601000	0.006740	34.826961	4,246.250000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	86,230	253,026	139,363	93,502	34,515	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.087999	253.026000	0.000360	3.743524	345.150000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,594,071		13,594,071	0	13,594,071	30.00
31.00	03100	INTENSIVE CARE UNIT	3,245,122		3,245,122	0	3,245,122	31.00
41.00	04100	SUBPROVIDER - IRF	3,257,779		3,257,779	0	3,257,779	41.00
43.00	04300	NURSERY	945,699		945,699	0	945,699	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,986,707		12,986,707	0	12,986,707	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,069,323		3,069,323	0	3,069,323	52.00
53.00	05300	ANESTHESIOLOGY	185,225		185,225	0	185,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,107,823		9,107,823	0	9,107,823	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	614,522		614,522	0	614,522	59.00
60.00	06000	LABORATORY	7,865,905		7,865,905	0	7,865,905	60.00
65.00	06500	RESPIRATORY THERAPY	2,455,651	0	2,455,651	0	2,455,651	65.00
66.00	06600	PHYSICAL THERAPY	5,719,092	0	5,719,092	0	5,719,092	66.00
69.00	06900	ELECTROCARDIOLOGY	2,840,507		2,840,507	0	2,840,507	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,283,741		4,283,741	0	4,283,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,867,647		5,867,647	0	5,867,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,815		12,089,815	0	12,089,815	73.00
74.00	07400	RENAL DIALYSIS	234,230		234,230	0	234,230	74.00
76.00	03020	PSYCH SERVICES	1,947,944		1,947,944	0	1,947,944	76.00
76.02	03022	ENDOSCOPY	890,629		890,629	0	890,629	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,245,621		1,245,621	0	1,245,621	90.00
91.00	09100	EMERGENCY	6,023,123		6,023,123	0	6,023,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	732,096		732,096		732,096	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,838,924		1,838,924	0	1,838,924	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	101,041,196	0	101,041,196	0	101,041,196	200.00
201.00		Less Observation Beds	732,096		732,096		732,096	201.00
202.00		Total (see instructions)	100,309,100	0	100,309,100	0	100,309,100	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Hospital | PPS

		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	23,656,281		23,656,281			30.00
31.00	03100	INTENSIVE CARE UNIT	6,988,402		6,988,402			31.00
41.00	04100	SUBPROVIDER - IRF	5,172,511		5,172,511			41.00
43.00	04300	NURSERY	4,253,933		4,253,933			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,573,461	34,551,774	54,125,235	0.239938	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,417,001	1,385,558	8,802,559	0.348685	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,833,370	4,706,467	7,539,837	0.024566	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,249,362	48,906,120	54,155,482	0.168179	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,011,301	5,322,144	6,333,445	0.097028	0.000000	59.00
60.00	06000	LABORATORY	16,036,003	37,480,686	53,516,689	0.146980	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,273,271	1,493,107	8,766,378	0.280122	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,792,066	10,364,374	20,156,440	0.283735	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	3,822,768	14,798,310	18,621,078	0.152543	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,699,060	7,588,808	15,287,868	0.280205	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,645,682	2,815,022	14,460,704	0.405765	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,173,292	14,541,934	21,715,226	0.556744	0.000000	73.00
74.00	07400	RENAL DIALYSIS	140,337	0	140,337	1.669054	0.000000	74.00
76.00	03020	PSYCH SERVICES	32,818	2,513,306	2,546,124	0.765063	0.000000	76.00
76.02	03022	ENDOSCOPY	550,477	6,257,288	6,807,765	0.130825	0.000000	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,442,660	11,442,660	0.108858	0.000000	90.00
91.00	09100	EMERGENCY	3,868,296	32,093,572	35,961,868	0.167486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	1,147,122	0.638202	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	5,840,229	5,840,229	0.314872	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	144,189,692	243,248,481	387,438,173			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	144,189,692	243,248,481	387,438,173			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/24/2014 2:14 pm

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
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.239938		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348685		52.00
53.00	05300	ANESTHESIOLOGY	0.024566		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168179		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097028		59.00
60.00	06000	LABORATORY	0.146980		60.00
65.00	06500	RESPIRATORY THERAPY	0.280122		65.00
66.00	06600	PHYSICAL THERAPY	0.283735		66.00
69.00	06900	ELECTROCARDIOLOGY	0.152543		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280205		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.405765		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.556744		73.00
74.00	07400	RENAL DIALYSIS	1.669054		74.00
76.00	03020	PSYCH SERVICES	0.765063		76.00
76.02	03022	ENDOSCOPY	0.130825		76.02
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.108858		90.00
91.00	09100	EMERGENCY	0.167486		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.638202		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.314872		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/24/2014 2:14 pm

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	13,594,071		13,594,071	0	13,594,071	30.00
31.00	03100	INTENSIVE CARE UNIT	3,245,122		3,245,122	0	3,245,122	31.00
41.00	04100	SUBPROVIDER - IRF	3,257,779		3,257,779	0	3,257,779	41.00
43.00	04300	NURSERY	945,699		945,699	0	945,699	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,986,707		12,986,707	0	12,986,707	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,069,323		3,069,323	0	3,069,323	52.00
53.00	05300	ANESTHESIOLOGY	185,225		185,225	0	185,225	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,107,823		9,107,823	0	9,107,823	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	614,522		614,522	0	614,522	59.00
60.00	06000	LABORATORY	7,865,905		7,865,905	0	7,865,905	60.00
65.00	06500	RESPIRATORY THERAPY	2,455,651	0	2,455,651	0	2,455,651	65.00
66.00	06600	PHYSICAL THERAPY	5,719,092	0	5,719,092	0	5,719,092	66.00
69.00	06900	ELECTROCARDIOLOGY	2,840,507		2,840,507	0	2,840,507	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,283,741		4,283,741	0	4,283,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,867,647		5,867,647	0	5,867,647	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,815		12,089,815	0	12,089,815	73.00
74.00	07400	RENAL DIALYSIS	234,230		234,230	0	234,230	74.00
76.00	03020	PSYCH SERVICES	1,947,944		1,947,944	0	1,947,944	76.00
76.02	03022	ENDOSCOPY	890,629		890,629	0	890,629	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,245,621		1,245,621	0	1,245,621	90.00
91.00	09100	EMERGENCY	6,023,123		6,023,123	0	6,023,123	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	732,096		732,096		732,096	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,838,924		1,838,924	0	1,838,924	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	101,041,196	0	101,041,196	0	101,041,196	200.00
201.00		Less Observation Beds	732,096		732,096		732,096	201.00
202.00		Total (see instructions)	100,309,100	0	100,309,100	0	100,309,100	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/24/2014 2:14 pm

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	23,656,281		23,656,281			30.00
31.00	03100	INTENSIVE CARE UNIT	6,988,402		6,988,402			31.00
41.00	04100	SUBPROVIDER - IRF	5,172,511		5,172,511			41.00
43.00	04300	NURSERY	4,253,933		4,253,933			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	19,573,461	34,551,774	54,125,235	0.239938	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,417,001	1,385,558	8,802,559	0.348685	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,833,370	4,706,467	7,539,837	0.024566	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,249,362	48,906,120	54,155,482	0.168179	0.000000	54.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,011,301	5,322,144	6,333,445	0.097028	0.000000	59.00
60.00	06000	LABORATORY	16,036,003	37,480,686	53,516,689	0.146980	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	7,273,271	1,493,107	8,766,378	0.280122	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	9,792,066	10,364,374	20,156,440	0.283735	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	3,822,768	14,798,310	18,621,078	0.152543	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,699,060	7,588,808	15,287,868	0.280205	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,645,682	2,815,022	14,460,704	0.405765	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,173,292	14,541,934	21,715,226	0.556744	0.000000	73.00
74.00	07400	RENAL DIALYSIS	140,337	0	140,337	1.669054	0.000000	74.00
76.00	03020	PSYCH SERVICES	32,818	2,513,306	2,546,124	0.765063	0.000000	76.00
76.02	03022	ENDOSCOPY	550,477	6,257,288	6,807,765	0.130825	0.000000	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,442,660	11,442,660	0.108858	0.000000	90.00
91.00	09100	EMERGENCY	3,868,296	32,093,572	35,961,868	0.167486	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	1,147,122	0.638202	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0.000000	0.000000	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	5,840,229	5,840,229	0.314872	0.000000	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	144,189,692	243,248,481	387,438,173			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	144,189,692	243,248,481	387,438,173			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part I Date/Time Prepared: 11/24/2014 2:14 pm

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
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
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	PSYCH SERVICES	0.000000		76.00
76.02	03022	ENDOSCOPY	0.000000		76.02
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	0.000000		95.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

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

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part II Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,986,707	1,247,806	11,738,901	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,069,323	189,316	2,880,007	0	0	52.00
53.00	05300	ANESTHESIOLOGY	185,225	14,624	170,601	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,107,823	895,531	8,212,292	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	614,522	33,287	581,235	0	0	59.00
60.00	06000	LABORATORY	7,865,905	413,166	7,452,739	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	2,455,651	115,063	2,340,588	0	0	65.00
66.00	06600	PHYSICAL THERAPY	5,719,092	459,744	5,259,348	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	2,840,507	254,796	2,585,711	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,283,741	228,199	4,055,542	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,867,647	155,799	5,711,848	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,815	410,243	11,679,572	0	0	73.00
74.00	07400	RENAL DIALYSIS	234,230	6,649	227,581	0	0	74.00
76.00	03020	PSYCH SERVICES	1,947,944	171,357	1,776,587	0	0	76.00
76.02	03022	ENDOSCOPY	890,629	33,425	857,204	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,245,621	111,533	1,134,088	0	0	90.00
91.00	09100	EMERGENCY	6,023,123	657,504	5,365,619	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	732,096	69,963	662,133	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	1,838,924	157,555	1,681,369	0	0	95.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (sum of lines 50 thru 199)	79,998,525	5,625,560	74,372,965	0	0	200.00
201.00		Less Observation Beds	732,096	69,963	662,133	0	0	201.00
202.00		Total (line 200 minus line 201)	79,266,429	5,555,597	73,710,832	0	0	202.00

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

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet C Part II Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	12,986,707	54,125,235	0.239938		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,069,323	8,802,559	0.348685		52.00
53.00	05300	ANESTHESIOLOGY	185,225	7,539,837	0.024566		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,107,823	54,155,482	0.168179		54.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	614,522	6,333,445	0.097028		59.00
60.00	06000	LABORATORY	7,865,905	53,516,689	0.146980		60.00
65.00	06500	RESPIRATORY THERAPY	2,455,651	8,766,378	0.280122		65.00
66.00	06600	PHYSICAL THERAPY	5,719,092	20,156,440	0.283735		66.00
69.00	06900	ELECTROCARDIOLOGY	2,840,507	18,621,078	0.152543		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,283,741	15,287,868	0.280205		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,867,647	14,460,704	0.405765		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,089,815	21,715,226	0.556744		73.00
74.00	07400	RENAL DIALYSIS	234,230	140,337	1.669054		74.00
76.00	03020	PSYCH SERVICES	1,947,944	2,546,124	0.765063		76.00
76.02	03022	ENDOSCOPY	890,629	6,807,765	0.130825		76.02
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,245,621	11,442,660	0.108858		90.00
91.00	09100	EMERGENCY	6,023,123	35,961,868	0.167486		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	732,096	1,147,122	0.638202		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	1,838,924	5,840,229	0.314872		95.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (sum of lines 50 thru 199)	79,998,525	347,367,046			200.00
201.00		Less Observation Beds	732,096	0			201.00
202.00		Total (line 200 minus line 201)	79,266,429	347,367,046			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part I Date/Time Prepared: 11/24/2014 2:14 pm

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	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,299,123	0	1,299,123	17,826	72.88	30.00
31.00	INTENSIVE CARE UNIT	258,667		258,667	2,419	106.93	31.00
41.00	SUBPROVIDER - IRF	459,445	0	459,445	4,100	112.06	41.00
43.00	NURSERY	73,897		73,897	1,592	46.42	43.00
200.00	Total (lines 30-199)	2,091,132		2,091,132	25,937		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	8,050	586,684				30.00
31.00	INTENSIVE CARE UNIT	1,418	151,627				31.00
41.00	SUBPROVIDER - IRF	2,717	304,467				41.00
43.00	NURSERY	0	0				43.00
200.00	Total (lines 30-199)	12,185	1,042,778				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/24/2014 2:14 pm

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		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	1,247,806	54,125,235	0.023054	11,419,618	263,268	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	189,316	8,802,559	0.021507	10,236	220	52.00
53.00	05300	ANESTHESIOLOGY	14,624	7,539,837	0.001940	1,528,631	2,966	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	895,531	54,155,482	0.016536	4,191,815	69,316	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,287	6,333,445	0.005256	414,878	2,181	59.00
60.00	06000	LABORATORY	413,166	53,516,689	0.007720	10,707,190	82,660	60.00
65.00	06500	RESPIRATORY THERAPY	115,063	8,766,378	0.013125	3,607,077	47,343	65.00
66.00	06600	PHYSICAL THERAPY	459,744	20,156,440	0.022809	3,199,431	72,976	66.00
69.00	06900	ELECTROCARDIOLOGY	254,796	18,621,078	0.013683	3,415,269	46,731	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,199	15,287,868	0.014927	4,746,317	70,848	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,799	14,460,704	0.010774	7,202,954	77,605	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,243	21,715,226	0.018892	4,329,875	81,800	73.00
74.00	07400	RENAL DIALYSIS	6,649	140,337	0.047379	85,697	4,060	74.00
76.00	03020	PSYCH SERVICES	171,357	2,546,124	0.067301	0	0	76.00
76.02	03022	ENDOSCOPY	33,425	6,807,765	0.004910	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	111,533	11,442,660	0.009747	0	0	90.00
91.00	09100	EMERGENCY	657,504	35,961,868	0.018283	3,845,815	70,313	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	69,963	1,147,122	0.060990	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,468,005	341,526,817		58,704,803	892,287	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part III Date/Time Prepared: 11/24/2014 2:14 pm

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		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
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	17,826	0.00	8,050	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,419	0.00	1,418	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,100	0.00	2,717	0		41.00
43.00	04300	NURSERY	1,592	0.00	0	0		43.00
200.00		Total (lines 30-199)	25,937		12,185	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	424,625	0	424,625	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	0	0	0	0	0	76.00
76.02	03022	ENDOSCOPY	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	424,625	0	424,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

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		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,125,235	0.000000	0.000000	11,419,618	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,802,559	0.000000	0.000000	10,236	52.00
53.00	05300	ANESTHESIOLOGY	0	7,539,837	0.000000	0.000000	1,528,631	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,625	54,155,482	0.007841	0.007841	4,191,815	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,333,445	0.000000	0.000000	414,878	59.00
60.00	06000	LABORATORY	0	53,516,689	0.000000	0.000000	10,707,190	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,766,378	0.000000	0.000000	3,607,077	65.00
66.00	06600	PHYSICAL THERAPY	0	20,156,440	0.000000	0.000000	3,199,431	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,621,078	0.000000	0.000000	3,415,269	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,287,868	0.000000	0.000000	4,746,317	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,460,704	0.000000	0.000000	7,202,954	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,715,226	0.000000	0.000000	4,329,875	73.00
74.00	07400	RENAL DIALYSIS	0	140,337	0.000000	0.000000	85,697	74.00
76.00	03020	PSYCH SERVICES	0	2,546,124	0.000000	0.000000	0	76.00
76.02	03022	ENDOSCOPY	0	6,807,765	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,442,660	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	35,961,868	0.000000	0.000000	3,845,815	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	424,625	341,526,817			58,704,803	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

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		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	17,615,858	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,814	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,414,755	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	32,868	16,992,235	133,236		54.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	750,742	0		59.00
60.00	06000	LABORATORY	0	3,564,588	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,118,509	0		65.00
66.00	06600	PHYSICAL THERAPY	0	19,501	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	9,659,815	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,332,898	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,201,613	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,349,518	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	PSYCH SERVICES	0	0	0		76.00
76.02	03022	ENDOSCOPY	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	8,545,453	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	310,040	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	32,868	71,877,339	133,236		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/24/2014 2:14 pm

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		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	0.239938	17,615,858	0	0	4,226,714	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348685	1,814	0	0	633	52.00
53.00	05300	ANESTHESIOLOGY	0.024566	1,414,755	0	0	34,755	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168179	16,992,235	0	0	2,857,737	54.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097028	750,742	0	0	72,843	59.00
60.00	06000	LABORATORY	0.146980	3,564,588	1,493	0	523,923	60.00
65.00	06500	RESPIRATORY THERAPY	0.280122	1,118,509	0	0	313,319	65.00
66.00	06600	PHYSICAL THERAPY	0.283735	19,501	0	0	5,533	66.00
69.00	06900	ELECTROCARDIOLOGY	0.152543	9,659,815	0	0	1,473,537	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280205	2,332,898	0	0	653,690	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.405765	1,201,613	0	0	487,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.556744	8,349,518	0	24,884	4,648,544	73.00
74.00	07400	RENAL DIALYSIS	1.669054	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	0.765063	0	0	0	0	76.00
76.02	03022	ENDOSCOPY	0.130825	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.108858	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.167486	8,545,453	0	0	1,431,244	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.638202	310,040	0	0	197,868	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.314872		220			95.00
200.00		Subtotal (see instructions)		71,877,339	1,713	24,884	16,927,912	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		71,877,339	1,713	24,884	16,927,912	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part V Date/Time Prepared: 11/24/2014 2:14 pm

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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
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	219	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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,854		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	PSYCH SERVICES	0	0		76.00
76.02	03022	ENDOSCOPY	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	69			95.00
200.00		Subtotal (see instructions)	288	13,854		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	288	13,854		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/24/2014 2:14 pm

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	1,247,806	54,125,235	0.023054	41,991	968	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	189,316	8,802,559	0.021507	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,624	7,539,837	0.001940	2,875	6	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	895,531	54,155,482	0.016536	139,492	2,307	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,287	6,333,445	0.005256	0	0	59.00
60.00	06000	LABORATORY	413,166	53,516,689	0.007720	820,623	6,335	60.00
65.00	06500	RESPIRATORY THERAPY	115,063	8,766,378	0.013125	277,913	3,648	65.00
66.00	06600	PHYSICAL THERAPY	459,744	20,156,440	0.022809	3,470,841	79,166	66.00
69.00	06900	ELECTROCARDIOLOGY	254,796	18,621,078	0.013683	235,260	3,219	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,199	15,287,868	0.014927	222,421	3,320	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,799	14,460,704	0.010774	4,367	47	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,243	21,715,226	0.018892	439,399	8,301	73.00
74.00	07400	RENAL DIALYSIS	6,649	140,337	0.047379	12,196	578	74.00
76.00	03020	PSYCH SERVICES	171,357	2,546,124	0.067301	0	0	76.00
76.02	03022	ENDOSCOPY	33,425	6,807,765	0.004910	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	111,533	11,442,660	0.009747	0	0	90.00
91.00	09100	EMERGENCY	657,504	35,961,868	0.018283	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,398,042	341,526,817		5,667,378	107,895	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	424,625	0	424,625	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	0	0	0	0	0	76.00
76.02	03022	ENDOSCOPY	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	424,625	0	424,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	54,125,235	0.000000	0.000000	41,991	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,802,559	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,539,837	0.000000	0.000000	2,875	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,625	54,155,482	0.007841	0.007841	139,492	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,333,445	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	53,516,689	0.000000	0.000000	820,623	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,766,378	0.000000	0.000000	277,913	65.00
66.00	06600	PHYSICAL THERAPY	0	20,156,440	0.000000	0.000000	3,470,841	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,621,078	0.000000	0.000000	235,260	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,287,868	0.000000	0.000000	222,421	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,460,704	0.000000	0.000000	4,367	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,715,226	0.000000	0.000000	439,399	73.00
74.00	07400	RENAL DIALYSIS	0	140,337	0.000000	0.000000	12,196	74.00
76.00	03020	PSYCH SERVICES	0	2,546,124	0.000000	0.000000	0	76.00
76.02	03022	ENDOSCOPY	0	6,807,765	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,442,660	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	35,961,868	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	424,625	341,526,817			5,667,378	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

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
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,094	0	0		54.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	PSYCH SERVICES	0	0	0		76.00
76.02	03022	ENDOSCOPY	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	1,094	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part I Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

	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	1,299,123	0	1,299,123	17,826	72.88	30.00
31.00	INTENSIVE CARE UNIT	258,667		258,667	2,419	106.93	31.00
41.00	SUBPROVIDER - IRF	459,445	0	459,445	4,100	112.06	41.00
43.00	NURSERY	73,897		73,897	1,592	46.42	43.00
200.00	Total (lines 30-199)	2,091,132		2,091,132	25,937		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	1,000	72,880				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
41.00	SUBPROVIDER - IRF	172	19,274				41.00
43.00	NURSERY	140	6,499				43.00
200.00	Total (lines 30-199)	1,312	98,653				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		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	1,247,806	54,125,235	0.023054	616,294	14,208	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	189,316	8,802,559	0.021507	205,946	4,429	52.00
53.00	05300	ANESTHESIOLOGY	14,624	7,539,837	0.001940	131,028	254	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	895,531	54,155,482	0.016536	188,386	3,115	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,287	6,333,445	0.005256	18,374	97	59.00
60.00	06000	LABORATORY	413,166	53,516,689	0.007720	758,449	5,855	60.00
65.00	06500	RESPIRATORY THERAPY	115,063	8,766,378	0.013125	241,930	3,175	65.00
66.00	06600	PHYSICAL THERAPY	459,744	20,156,440	0.022809	358,625	8,180	66.00
69.00	06900	ELECTROCARDIOLOGY	254,796	18,621,078	0.013683	172,239	2,357	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,199	15,287,868	0.014927	202,423	3,022	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,799	14,460,704	0.010774	253,209	2,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,243	21,715,226	0.018892	318,837	6,023	73.00
74.00	07400	RENAL DIALYSIS	6,649	140,337	0.047379	3,365	159	74.00
76.00	03020	PSYCH SERVICES	171,357	2,546,124	0.067301	0	0	76.00
76.02	03022	ENDOSCOPY	33,425	6,807,765	0.004910	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	111,533	11,442,660	0.009747	0	0	90.00
91.00	09100	EMERGENCY	657,504	35,961,868	0.018283	22,481	411	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	69,963	1,147,122	0.060990	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,468,005	341,526,817		3,491,586	54,013	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part III Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		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
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	17,826	0.00	1,000	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,419	0.00	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,100	0.00	172	0		41.00
43.00	04300	NURSERY	1,592	0.00	140	0		43.00
200.00		Total (lines 30-199)	25,937		1,312	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV | Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	424,625	0	424,625	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	0	0	0	0	0	76.00
76.02	03022	ENDOSCOPY	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	424,625	0	424,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		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	54,125,235	0.000000	0.000000	616,294	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,802,559	0.000000	0.000000	205,946	52.00
53.00	05300	ANESTHESIOLOGY	0	7,539,837	0.000000	0.000000	131,028	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,625	54,155,482	0.007841	0.007841	188,386	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,333,445	0.000000	0.000000	18,374	59.00
60.00	06000	LABORATORY	0	53,516,689	0.000000	0.000000	758,449	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,766,378	0.000000	0.000000	241,930	65.00
66.00	06600	PHYSICAL THERAPY	0	20,156,440	0.000000	0.000000	358,625	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,621,078	0.000000	0.000000	172,239	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,287,868	0.000000	0.000000	202,423	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,460,704	0.000000	0.000000	253,209	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,715,226	0.000000	0.000000	318,837	73.00
74.00	07400	RENAL DIALYSIS	0	140,337	0.000000	0.000000	3,365	74.00
76.00	03020	PSYCH SERVICES	0	2,546,124	0.000000	0.000000	0	76.00
76.02	03022	ENDOSCOPY	0	6,807,765	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,442,660	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	35,961,868	0.000000	0.000000	22,481	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	424,625	341,526,817			3,491,586	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Hospital | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,477	0	0		54.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	PSYCH SERVICES	0	0	0		76.00
76.02	03022	ENDOSCOPY	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	1,477	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part II Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Subprovider - IRF | Cost

		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	1,247,806	54,125,235	0.023054	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	189,316	8,802,559	0.021507	0	0	52.00
53.00	05300	ANESTHESIOLOGY	14,624	7,539,837	0.001940	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	895,531	54,155,482	0.016536	0	0	54.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	33,287	6,333,445	0.005256	0	0	59.00
60.00	06000	LABORATORY	413,166	53,516,689	0.007720	2,867	22	60.00
65.00	06500	RESPIRATORY THERAPY	115,063	8,766,378	0.013125	0	0	65.00
66.00	06600	PHYSICAL THERAPY	459,744	20,156,440	0.022809	32,162	734	66.00
69.00	06900	ELECTROCARDIOLOGY	254,796	18,621,078	0.013683	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	228,199	15,287,868	0.014927	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	155,799	14,460,704	0.010774	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	410,243	21,715,226	0.018892	7,754	146	73.00
74.00	07400	RENAL DIALYSIS	6,649	140,337	0.047379	0	0	74.00
76.00	03020	PSYCH SERVICES	171,357	2,546,124	0.067301	0	0	76.00
76.02	03022	ENDOSCOPY	33,425	6,807,765	0.004910	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	111,533	11,442,660	0.009747	0	0	90.00
91.00	09100	EMERGENCY	657,504	35,961,868	0.018283	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	5,398,042	341,526,817		42,783	902	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	424,625	0	424,625	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	PSYCH SERVICES	0	0	0	0	0	76.00
76.02	03022	ENDOSCOPY	0	0	0	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
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
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	424,625	0	424,625	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Subprovider - IRF | Cost

		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	54,125,235	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,802,559	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,539,837	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	424,625	54,155,482	0.007841	0.007841	0	54.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,333,445	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	53,516,689	0.000000	0.000000	2,867	60.00
65.00	06500	RESPIRATORY THERAPY	0	8,766,378	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,156,440	0.000000	0.000000	32,162	66.00
69.00	06900	ELECTROCARDIOLOGY	0	18,621,078	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,287,868	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	14,460,704	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	21,715,226	0.000000	0.000000	7,754	73.00
74.00	07400	RENAL DIALYSIS	0	140,337	0.000000	0.000000	0	74.00
76.00	03020	PSYCH SERVICES	0	2,546,124	0.000000	0.000000	0	76.00
76.02	03022	ENDOSCOPY	0	6,807,765	0.000000	0.000000	0	76.02
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,442,660	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	35,961,868	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,147,122	0.000000	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	424,625	341,526,817			42,783	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D Part IV Date/Time Prepared: 11/24/2014 2:14 pm

Title XIX | Subprovider - IRF | Cost

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	PSYCH SERVICES	0	0	0		76.00
76.02	03022	ENDOSCOPY	0	0	0		76.02
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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)	17,826	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	17,826	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)	16,866	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)	8,050	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)	13,594,071	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)	13,594,071	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)	13,594,071	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)	762.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,138,930	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)	6,138,930	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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	3,245,122	2,419	1,341.51	1,418	1,902,261	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)	14,989,716	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	23,030,907	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)	738,311	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	925,155	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,663,466	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	21,367,441	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)	960	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	762.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	732,096	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,299,123	13,594,071	0.095565	732,096	69,963	90.00
91.00	Nursing School cost	0	13,594,071	0.000000	732,096	0	91.00
92.00	Allied health cost	0	13,594,071	0.000000	732,096	0	92.00
93.00	All other Medical Education	0	13,594,071	0.000000	732,096	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 2:14 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,100	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)	4,100	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,717	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)	3,257,779	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)	3,257,779	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)	3,257,779	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)	794.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,158,874	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)	2,158,874	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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)	1,581,841	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	3,740,715	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)	304,467	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	108,989	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	413,456	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	3,327,259	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1

Component CCN: 15T010 | Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	459,445	3,257,779	0.141030	0	0	90.00
91.00	Nursing School cost	0	3,257,779	0.000000	0	0	91.00
92.00	Allied health cost	0	3,257,779	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,257,779	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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)	17,826	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	17,826	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)	16,866	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)	1,000	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)	1,592	15.00
16.00	Nursery days (title V or XIX only)	140	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)	13,594,071	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)	13,594,071	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)	13,594,071	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)	762.60	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	762,600	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)	762,600	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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)	945,699	1,592	594.03	140	83,164	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,245,122	2,419	1,341.51	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)	909,997	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,755,761	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)	960	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	762.60	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	732,096	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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	1,299,123	13,594,071	0.095565	732,096	69,963	90.00
91.00	Nursing School cost	0	13,594,071	0.000000	732,096	0	91.00
92.00	Allied health cost	0	13,594,071	0.000000	732,096	0	92.00
93.00	All other Medical Education	0	13,594,071	0.000000	732,096	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2013 To 06/30/2014	Worksheet D-1 Date/Time Prepared: 11/24/2014 2:14 pm
	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)	4,100	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,100	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)	4,100	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)	172	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)	1,592	15.00
16.00	Nursery days (title V or XIX only)	140	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)	3,257,779	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)	3,257,779	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)	3,257,779	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)	794.58	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	136,668	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	136,668	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1 | Date/Time Prepared: 11/24/2014 2:14 pm

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)	13,863	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	150,531	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-1

Component CCN: 15T010 | Date/Time Prepared: 11/24/2014 2:14 pm

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	459,445	3,257,779	0.141030	0	0	90.00
91.00	Nursing School cost	0	3,257,779	0.000000	0	0	91.00
92.00	Allied health cost	0	3,257,779	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,257,779	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/24/2014 2:14 pm

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		10,333,281		30.00
31.00	03100	INTENSIVE CARE UNIT		4,113,610		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.239938	11,419,618	2,740,000	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348685	10,236	3,569	52.00
53.00	05300	ANESTHESIOLOGY	0.024566	1,528,631	37,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168179	4,191,815	704,975	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097028	414,878	40,255	59.00
60.00	06000	LABORATORY	0.146980	10,707,190	1,573,743	60.00
65.00	06500	RESPIRATORY THERAPY	0.280122	3,607,077	1,010,422	65.00
66.00	06600	PHYSICAL THERAPY	0.283735	3,199,431	907,791	66.00
69.00	06900	ELECTROCARDIOLOGY	0.152543	3,415,269	520,975	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280205	4,746,317	1,329,942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.405765	7,202,954	2,922,707	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.556744	4,329,875	2,410,632	73.00
74.00	07400	RENAL DIALYSIS	1.669054	85,697	143,033	74.00
76.00	03020	PSYCH SERVICES	0.765063	0	0	76.00
76.02	03022	ENDOSCOPY	0.130825	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.108858	0	0	90.00
91.00	09100	EMERGENCY	0.167486	3,845,815	644,120	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.638202	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		58,704,803	14,989,716	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)		58,704,803		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/24/2014 2:14 pm

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
41.00	04100	SUBPROVIDER - IRF		3,419,837		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.239938	41,991	10,075	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348685	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.024566	2,875	71	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168179	139,492	23,460	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097028	0	0	59.00
60.00	06000	LABORATORY	0.146980	820,623	120,615	60.00
65.00	06500	RESPIRATORY THERAPY	0.280122	277,913	77,850	65.00
66.00	06600	PHYSICAL THERAPY	0.283735	3,470,841	984,799	66.00
69.00	06900	ELECTROCARDIOLOGY	0.152543	235,260	35,887	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280205	222,421	62,323	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.405765	4,367	1,772	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.556744	439,399	244,633	73.00
74.00	07400	RENAL DIALYSIS	1.669054	12,196	20,356	74.00
76.00	03020	PSYCH SERVICES	0.765063	0	0	76.00
76.02	03022	ENDOSCOPY	0.130825	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.108858	0	0	90.00
91.00	09100	EMERGENCY	0.167486	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.638202	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		5,667,378	1,581,841	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)		5,667,378		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/24/2014 2:14 pm

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		887,778		30.00
31.00	03100	INTENSIVE CARE UNIT		630,949		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.239938	616,294	147,872	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348685	205,946	71,810	52.00
53.00	05300	ANESTHESIOLOGY	0.024566	131,028	3,219	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168179	188,386	31,683	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097028	18,374	1,783	59.00
60.00	06000	LABORATORY	0.146980	758,449	111,477	60.00
65.00	06500	RESPIRATORY THERAPY	0.280122	241,930	67,770	65.00
66.00	06600	PHYSICAL THERAPY	0.283735	358,625	101,754	66.00
69.00	06900	ELECTROCARDIOLOGY	0.152543	172,239	26,274	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280205	202,423	56,720	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.405765	253,209	102,743	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.556744	318,837	177,511	73.00
74.00	07400	RENAL DIALYSIS	1.669054	3,365	5,616	74.00
76.00	03020	PSYCH SERVICES	0.765063	0	0	76.00
76.02	03022	ENDOSCOPY	0.130825	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.108858	0	0	90.00
91.00	09100	EMERGENCY	0.167486	22,481	3,765	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.638202	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		3,491,586	909,997	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)		3,491,586		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet D-3 | Date/Time Prepared: 11/24/2014 2:14 pm

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
41.00	04100	SUBPROVIDER - IRF		42,054		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.239938	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.348685	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.024566	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.168179	0	0	54.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.097028	0	0	59.00
60.00	06000	LABORATORY	0.146980	2,867	421	60.00
65.00	06500	RESPIRATORY THERAPY	0.280122	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.283735	32,162	9,125	66.00
69.00	06900	ELECTROCARDIOLOGY	0.152543	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280205	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.405765	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.556744	7,754	4,317	73.00
74.00	07400	RENAL DIALYSIS	1.669054	0	0	74.00
76.00	03020	PSYCH SERVICES	0.765063	0	0	76.00
76.02	03022	ENDOSCOPY	0.130825	0	0	76.02
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.108858	0	0	90.00
91.00	09100	EMERGENCY	0.167486	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.638202	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		42,783	13,863	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)		42,783		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 11/24/2014 2:14 pm

Title XVIII | Hospital | PPS

			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		0			1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		3,752,961			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		11,675,424			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)		631,301			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		0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		146.37			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)		5.42			30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.38			31.00
32.00	Sum of lines 30 and 31		24.80			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 11/24/2014 2:14 pm

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)		9.68			33.00
34.00	Disproportionate share adjustment (see instructions)		645,832			34.00

			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				9,046,380,143	35.00
35.01	Factor 3 (see instructions)				0.000147462	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				1,333,996	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				997,756	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		997,756			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)		2,054			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
41.01	Total ESRD Medicare covered and paid discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	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	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)		17,703,274			47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0			48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		17,703,274			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,321,397			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		4,281			53.00
54.00	Special add-on payments for new technologies		993			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)		32,868			58.00
59.00	Total (sum of amounts on lines 49 through 58)		19,062,813			59.00
60.00	Primary payer payments		12,839			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		19,049,974			61.00
62.00	Deductibles billed to program beneficiaries		1,807,232			62.00
63.00	Coinsurance billed to program beneficiaries		22,320			63.00
64.00	Allowable bad debts (see instructions)		83,355			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		54,181			65.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Date/Time Prepared: 11/24/2014 2:14 pm

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			Prior to October 1		On/After October 1	
		0	1.00	1.01	2.00	
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		40,989			66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		17,274,603			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.50	RURAL DEMONSTRATION PROJECT		0			70.50
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		31,327			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0			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
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)		17,305,930			71.00
71.01	Sequestration adjustment (see instructions)		346,119			71.01
72.00	Interim payments		17,086,323			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		-126,512			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2		117,888			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

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/24/2014 2:14 pm

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		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01	Total (Col 2 through 4)	
		0	1.00	2.00	3.00	4.00	5.00	
1.00	DRG amounts other than outlier payments	1.00	0	0	0	0	0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013	1.01	3,752,961	0	3,752,961	0	3,752,961	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013	1.02	11,675,424	0	0	11,675,424	11,675,424	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI	1.03	0	0	0	0	0	1.03
2.00	Outlier payments for discharges (see instructions)	2.00	631,301	0	166,115	465,185	631,300	2.00
2.01	Outlier payments for discharges for Model 4 BPCI	2.02	0	0	0	0	0	2.01
3.00	Operating outlier reconciliation	2.01	0	0	0	0	0	3.00
4.00	Managed care simulated payments	3.00	0	0	0	0	0	4.00
	Indirect Medical Education Adjustment							
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000		5.00
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	0	6.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000		7.00
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	0	8.00
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	0	9.00
	Disproportionate Share Adjustment							
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0968	0.0968	0.0968	0.0968		10.00
11.00	Disproportionate share adjustment (see instructions)	34.00	645,832	0	363,287	282,545	645,832	11.00
11.01	Uncompensated care payments	36.00	997,756	0	0	997,756	997,756	11.01
	Additional payment for high percentage of ESRD beneficiary discharges							
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	0	12.00
13.00	Subtotal (see instructions)	47.00	17,703,274	0	4,282,363	13,420,911	17,703,274	13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	48.00	0	0	0	0	0	14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	17,703,274	0	4,282,363	13,420,911	17,703,274	15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,321,397	0	319,728	1,001,669	1,321,397	16.00
17.00	Special add-on payments for new technologies	54.00	993	0	0	993	993	17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	0	18.00
19.00	SUBTOTAL			0	4,602,091	14,423,573	19,025,664	19.00

LOW VOLUME CALCULATION EXHIBIT 4 | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E Part A Exhibit 4 Date/Time Prepared: 11/24/2014 2:14 pm

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		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00	5.00	
20.00	Capital DRG other than outlier	1.00	1,220,505	0	294,822	925,682	1,220,504	20.00
20.01	Model 4 BPCI Capital DRG other than outlier	1.01	0	0	0	0	0	20.01
21.00	Capital DRG outlier payments	2.00	38,036	0	9,723	28,313	38,036	21.00
21.01	Model 4 BPCI Capital DRG outlier payments	2.01	0	0	0	0	0	21.01
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000		22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	0	23.00
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0515	0.0515	0.0515	0.0515		24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	62,856	0	15,183	47,673	62,856	25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,321,397	0	319,728	1,001,669	1,321,397	26.00
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00	5.00	
27.00	Low volume adjustment factor				0.000000	0.000000		27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0		0	28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	0	29.00
100.00	Transfer low volume adjustments to W/S E Part A.		Y					100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet E Part B Date/Time Prepared: 11/24/2014 2:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	14,142	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	16,794,676	2.00
3.00	PPS payments	13,291,495	3.00
4.00	Outlier payment (see instructions)	147,911	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	133,236	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	14,142	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	26,597	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)	26,597	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)	26,597	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	12,455	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)	14,142	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)	13,572,642	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)	2,975,618	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)	10,611,166	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)	10,611,166	30.00
31.00	Primary payer payments	385	31.00
32.00	Subtotal (line 30 minus line 31)	10,610,781	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)	159,730	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	103,825	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	99,659	36.00
37.00	Subtotal (see instructions)	10,714,606	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)	10,714,606	40.00
40.01	Sequestration adjustment (see instructions)	214,292	40.01
41.00	Interim payments	10,467,162	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	33,152	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 11/24/2014 2:14 pm

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		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		17,086,323		10,467,162	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)		17,086,323		10,467,162	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		33,152	6.01
6.02	SETTLEMENT TO PROGRAM		126,512		0	6.02
7.00	Total Medicare program liability (see instructions)		16,959,811		10,500,314	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: 150010 | Component CCN: 15T010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet E-1 Part I | Date/Time Prepared: 11/24/2014 2:14 pm

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		3,304,977		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,304,977		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,516		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,317,493		0	7.00

			Contractor Number	NPR Date (Mo/Day/Yr)	
		0	1.00	2.00	
8.00	Name of Contractor				8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet E-1 Part II Date/Time Prepared: 11/24/2014 2:14 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	4,879	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	9,468	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	1,202	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	19,285	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	387,438,173	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	9,614,081	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)	1,168,560	8.00
9.00	Sequestration adjustment amount (see instructions)	23,371	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	1,145,189	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	1,421,247	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)	-276,058	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 150010 Component CCN: 15T010	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part III Date/Time Prepared: 11/24/2014 2:14 pm
	Title XVIII	Subprovider - IRF	PPS

		Prior to 10/01	On/After 10/01	
		1.00	1.01	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	756,670	2,547,298	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0216		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	29,434	67,758	3.00
4.00	Outlier Payments	44,716		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)	11.232877		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	3,445,876		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)	3,445,876		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	3,445,876		19.00
20.00	Deductibles	42,080		20.00
21.00	Subtotal (line 19 minus line 20)	3,403,796		21.00
22.00	Coinsurance	21,384		22.00
23.00	Subtotal (line 21 minus line 22)	3,382,412		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	2,602		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	1,691		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	1,184		26.00
27.00	Subtotal (sum of lines 23 and 25)	3,384,103		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)	1,094		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)	3,385,197		32.00
32.01	Sequestration adjustment (see instructions)	67,704		32.01
33.00	Interim payments	3,304,977		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	12,516		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	44,716		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: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet E-3 Part VII Date/Time Prepared: 11/24/2014 2:14 pm
	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	1,755,761		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)	1,755,761	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)	1,755,761	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	1,518,727		8.00
9.00	Ancillary service charges	3,491,586	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)	5,010,313	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)	5,010,313	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	3,254,552	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)	1,755,761	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)	1,755,761	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)	1,755,761	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)	1,755,761	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,755,761	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)	1,755,761	0	40.00
41.00	Interim payments	1,755,761	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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G | Date/Time Prepared: 11/24/2014 2:14 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	804,879	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	46,082,842	0	0	0	4.00
5.00	Other receivable	927,457	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-26,179,918	0	0	0	6.00
7.00	Inventory	2,337,218	0	0	0	7.00
8.00	Prepaid expenses	324,441	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	6,524,855	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	30,821,774	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	525,279	0	0	0	12.00
13.00	Land improvements	1,764,978	0	0	0	13.00
14.00	Accumulated depreciation	-1,274,408	0	0	0	14.00
15.00	Buildings	62,979,342	0	0	0	15.00
16.00	Accumulated depreciation	-43,207,717	0	0	0	16.00
17.00	Leasehold improvements	511,200	0	0	0	17.00
18.00	Accumulated depreciation	-357,840	0	0	0	18.00
19.00	Fixed equipment	21,750,680	0	0	0	19.00
20.00	Accumulated depreciation	-18,927,697	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	34,723,228	0	0	0	23.00
24.00	Accumulated depreciation	-29,195,015	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)	29,292,030	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	146,401,216	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	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	146,401,216	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	206,515,020	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	9,698,331	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,818,507	0	0	0	38.00
39.00	Payroll taxes payable	431,406	0	0	0	39.00
40.00	Notes and loans payable (short term)	236,985	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	5,184,752	0	0	0	43.00
44.00	Other current liabilities	1,014,047	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,384,028	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	16,327,073	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,966,811	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	18,293,884	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	37,677,912	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	168,837,108				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)	168,837,108	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	206,515,020	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-1 | Date/Time Prepared: 11/24/2014 2:14 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		163,778,700		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		34,099,953				2.00
3.00	Total (sum of line 1 and line 2)		197,878,653		0		3.00
4.00	RESTRICTED CONTRIBUTIONS	367,577		0		0	4.00
5.00	GRANTS	30,604		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)		398,181		0		10.00
11.00	Subtotal (line 3 plus line 10)		198,276,834		0		11.00
12.00	OTHER RESTRICTED ACTIVITY	416,431		0		0	12.00
13.00	TRANSFERS TO AFFILIATES	29,023,295		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)		29,439,726		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		168,837,108		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	RESTRICTED CONTRIBUTIONS		0		4.00
5.00	GRANTS		0		5.00
6.00			0		6.00
7.00			0		7.00
8.00			0		8.00
9.00			0		9.00
10.00	Total additions (sum of line 4-9)	0		0	10.00
11.00	Subtotal (line 3 plus line 10)	0		0	11.00
12.00	OTHER RESTRICTED ACTIVITY		0		12.00
13.00	TRANSFERS TO AFFILIATES		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: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-2 Parts I & II Date/Time Prepared: 11/24/2014 2:14 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	37,986,003		37,986,003	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,181,193		5,181,193	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)	43,167,196		43,167,196	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	7,158,646		7,158,646	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)	7,158,646		7,158,646	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	50,325,842		50,325,842	17.00
18.00	Ancillary services	93,978,581	189,450,566	283,429,147	18.00
19.00	Outpatient services	489,338	47,353,616	47,842,954	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	0	5,840,229	5,840,229	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	144,793,761	242,644,411	387,438,172	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		108,756,895		29.00
30.00		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		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)		108,756,895		43.00

STATEMENT OF REVENUES AND EXPENSES | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet G-3 | Date/Time Prepared: 11/24/2014 2:14 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	387,438,172	1.00
2.00	Less contractual allowances and discounts on patients' accounts	260,487,355	2.00
3.00	Net patient revenues (line 1 minus line 2)	126,950,817	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	108,756,895	4.00
5.00	Net income from service to patients (line 3 minus line 4)	18,193,922	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	6,093,836	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	604,532	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	23,241	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	465,860	22.00
23.00	Governmental appropriations	0	23.00
24.00	UNREALIZED GAIN	10,421,772	24.00
24.01	GRANT	2,408	24.01
24.02	OTHER NON-OPERATING LOSS	0	24.02
24.03	OTHER MISCELLANEOUS REVENUE	-1,886,732	24.03
24.04	GAIN ON SALE OF OTHER ASSETS	2,126	24.04
24.05	NET ASSETS RELEASED FROM RESTRICTION	48,972	24.05
24.06	NON-RECURRING	159,837	24.06
25.00	Total other income (sum of lines 6-24)	15,935,852	25.00
26.00	Total (line 5 plus line 25)	34,129,774	26.00
27.00	LOSS FROM UNSOLIDATED ENTITIES	29,149	27.00
27.01	GAIN/LOSS ON INT SWAP	672	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	29,821	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	34,099,953	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B | Provider CCN: 150010 | Period: From 07/01/2013 To 06/30/2014 | Worksheet I-5 | Date/Time Prepared: 11/24/2014 2:14 pm

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

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 150010	Period: From 07/01/2013 To 06/30/2014	Worksheet L Parts I-III Date/Time Prepared: 11/24/2014 2:14 pm
	Title XVIII	Hospital	PPS

			1.00	
	PART I - FULLY PROSPECTIVE METHOD			
	CAPITAL FEDERAL AMOUNT			
1.00	Capital DRG other than outlier		1,220,505	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		38,036	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)		52.84	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)		5.42	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.38	8.00
9.00	Sum of lines 7 and 8		24.80	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.15	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		62,856	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		1,321,397	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