

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: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 12/9/2013 11:57 am
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 12/9/2013 Time: 11:57 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MOUNT SINAI HOSPITAL MEDICAL CENTER (140018) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) _____
Officer or Administrator of Provider(s)

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,153,539	607,618	0	0	1.00
2.00 Subprovider - IPF	0	89,922	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-1,063,617	607,618	0	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.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet S-2 Part I Date/Time Prepared: 12/9/2013 11:19 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 15TH STREET & CALIFORNIA AVE			PO Box:						1.00	
2.00	City: CHICAGO			State: IL		Zip Code: 60608-		County: COOK		2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		MOUNT SINAI HOSPITAL MEDICAL CENTER	140018	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF		MOUNT SINAI HOSPITAL MEDICAL CENTER	14S018	16974	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA										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 - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis		MOUNT SINAI HOSPITAL MEDICAL CENTER	142302	16974		01/01/2004				18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						07/01/2012	06/30/2013			20.00
21.00	Type of Control (see instructions)						2				21.00
Inpatient PPS Information											
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y	N			22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N			23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in 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.		23,474	5,244	25	0	9,246 446		24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0 0		25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	

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		Beginning: 1.00	Ending: 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 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)					39.00
		V 1.00	XVIII 2.00	XIX 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	Y		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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 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
61.01	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 and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 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

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	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 Nonprovi der Site	Unweighted FTEs in Hospi tal	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
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000		67.00
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			N	N	0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a 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)					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		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00		97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		0	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 implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y			140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					N	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	
161.10	CORF		N	N	N	161.10	
						1.00	
165.00	Multi campus Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.					N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	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)					0.00	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)					0.00	169.00
						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)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 12/9/2013 11:19 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	10/31/2013	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: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-2
Part II
Date/Time Prepared:
12/9/2013 11:19 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	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.	NASIM		CORY	
42.00	Enter the employer/company name of the cost report preparer.	MOUNT SINAI HOSPITAL			
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	773-257-6206		NASIM.CORY@SINAI.ORG	

		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)	10/31/2013		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.	DIRECTOR FINANCIAL ANALYSIS SERVICES		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: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	200	73,000	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)		200	73,000	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	17	6,205	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	25	9,125	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	21	7,665	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		263	95,995	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	28	10,220		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		291				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)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,632	15,144	40,872			1.00
2.00 HMO and other (see instructions)	2,171	9,717				2.00
3.00 HMO IPF Subprovider	135	372				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	8,632	15,144	40,872			7.00
8.00 INTENSIVE CARE UNIT	1,122	1,797	4,054			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	5,035	6,878			8.01
9.00 CORONARY CARE UNIT	1,355	2,000	5,182			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,124	4,557			13.00
14.00 Total (see instructions)	11,109	27,100	61,543	127.20	1,529.02	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,733	4,172	8,731	0.00	39.37	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				127.20	1,568.39	27.00
28.00 Observation Bed Days		662	1,970			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		1,618	1,773			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	2,370	7,162	16,950	1.00
2.00	HMO and other (see instructions)			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,370	7,162	16,950	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	230	729	1,505	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
12/9/2013 11:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	96,994,171	6,637,803	103,631,974	3,430,335.00	30.21
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		3,452,149	0	3,452,149	26,247.00	131.53
4.01	Physicians - Part A - Teaching		2,327,897	0	2,327,897	18,757.00	124.11
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	6,102,444	0	6,102,444	257,361.00	23.71
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		2,518,895	506,022	3,024,917	87,181.00	34.70
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		995,007	0	995,007	18,872.00	52.72
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		13,558,546	0	13,558,546		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		399,167	0	399,167		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		547,059	0	547,059		
22.01	Physician Part A - Teaching		368,899	0	368,899		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		967,048	0	967,048		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	73,547	865,230	938,777	26,919.00	34.87
27.00	Administrative & General	5.00	5,897,444	4,765,691	10,663,135	315,325.00	33.82
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	73	0	73	0.00	0.00
30.00	Operation of Plant	7.00	740,304	0	740,304	33,418.00	22.15
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	2,006,848	0	2,006,848	164,207.00	12.22
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	2,052,300	-981,465	1,070,835	84,354.00	12.69
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	981,465	981,465	77,314.00	12.69
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	3,505,887	190,856	3,696,743	90,772.00	40.73
39.00	Central Services and Supply	14.00	470,541	0	470,541	30,866.00	15.24
40.00	Pharmacy	15.00	3,856,327	-172,951	3,683,376	105,093.00	35.05
41.00	Medical Records & Medical Records Library	16.00	1,126,756	0	1,126,756	50,473.00	22.32

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
12/9/2013 11:19 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	804,019	0	804,019	27,202.00	29.56	42.00
43.00	Other General Servi ce	18.00	101,095	179,099	280,194	13,675.00	20.49	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
12/9/2013 11:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	88,563,830	6,637,803	95,201,633	3,154,217.00	30.18	1.00
2.00	Excluded area salaries (see instructions)	2,518,895	506,022	3,024,917	87,181.00	34.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	86,044,935	6,131,781	92,176,716	3,067,036.00	30.05	3.00
4.00	Subtotal other wages & related costs (see inst.)	995,007	0	995,007	18,872.00	52.72	4.00
5.00	Subtotal wage-related costs (see inst.)	14,105,605	0	14,105,605	0.00	15.30	5.00
6.00	Total (sum of lines 3 thru 5)	101,145,547	6,131,781	107,277,328	3,085,908.00	34.76	6.00
7.00	Total overhead cost (see instructions)	20,635,141	5,827,925	26,463,066	1,019,618.00	25.95	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 12/9/2013 11:19 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		580,004	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)		5,431,956	8.00
9.00	Prescription Drug Plan		1,029,777	9.00
10.00	Dental, Hearing and Vision Plan		159,552	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		159,808	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		992,277	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		6,898,383	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		397,666	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement		2,030	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		15,651,453	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		189,266	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-5

Date/Time Prepared:
12/9/2013 11:19 am

		Outpatient		Training		Home						
		Regular	High Flux	Hemodialysis	CAPD / CCPD	Hemodialysis	CAPD / CCPD					
		1.00	2.00	3.00	4.00	5.00	6.00					
1.00	Number of patients in program at end of cost reporting period	121	0	0	0	0	0	1.00				
2.00	Number of times per week patient receives dialysis	3.00	0.00	0.00	0.00	0.00	0.00	2.00				
3.00	Average patient dialysis time including setup	3.50	0.00	0.00	0.00			3.00				
4.00	CAPD exchanges per day				0.00		0.00	4.00				
5.00	Number of days in year dialysis furnished	312	0					5.00				
6.00	Number of stations	11	0	0		0		6.00				
7.00	Treatment capacity per day per station	4	0					7.00				
8.00	Utilization (see instructions)	0.00	0.00					8.00				
9.00	Average times dialyzers re-used	0.00	0.00					9.00				
10.00	Percentage of patients re-using dialyzers	0.00	0.00					10.00				
								Y/N				
								1.00				
10.01	ESRD PPS Is the dialysis facility approved as a low-volume facility for this cost reporting period? Enter "Y" for yes or "N" for no. (see instructions)							N	10.01			
10.02	Did your facility elect 100% PPS effective January 1, 2011? Enter "Y" for yes or "N" for no. (See instructions for "new" providers.)							Y	10.02			
								Prior to 1/1				
								1.00				
								After 12/31				
								2.00				
10.03	If you responded "N" to line 10.02, enter in column 1 the year of transition for periods prior to January 1 and enter in column 2 the year of transition for periods after December 31. (see instructions)							0	0	10.03		
TRANSPLANT INFORMATION												
11.00	Number of patients on transplant list							0		11.00		
12.00	Number of patients transplanted during the cost reporting period							0		12.00		
EPOETIN												
13.00	Net costs of Epoetin furnished to all maintenance dialysis patients by the provider.									13.00		
14.00	Epoetin amount from Worksheet A for Home Dialysis program									14.00		
15.00	Number of EPO units furnished relating to the renal dialysis department									15.00		
16.00	Number of EPO units furnished relating to the home dialysis department									16.00		
ARANESP												
17.00	Net costs of ARANESP furnished to all maintenance dialysis patients by the provider.									17.00		
18.00	ARANESP amount from Worksheet A for Home Dialysis program									18.00		
19.00	Number of ARANESP units furnished relating to the renal dialysis department									19.00		
20.00	Number of ARANESP units furnished relating to the home dialysis department									20.00		
								MCP				
								1.00				
								INITIAL METHOD				
								2.00				
PHYSICIAN PAYMENT METHOD												
21.00	Enter "X" if method(s) is applicable								X	21.00		
		ESA Description	Net Cost of ESAs for Renal Patients	Net Cost of ESAs for Home Patients	Number of ESA Units - Renal Dialysis Dept.	Number of ESA Units - Home Dialysis Dept.						
		1.00	2.00	3.00	4.00	5.00						
22.00	Enter in column 1 the ESA description. Enter in column 2 the net costs of ESAs furnished to all renal dialysis patients. Enter in column 3 the net cost of ESAs furnished to all home dialysis program patients. Enter in column 4 the number of ESA units furnished to patients in the renal dialysis department. Enter in column 5 the number of units furnished to patients in the home dialysis program. (see instructions)							0	0	0	0	22.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 12/9/2013 11:19 am
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.221538		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		151,608,482		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		363,190,920		6.00
7.00	Medicaid cost (line 1 times line 6)		80,460,590		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	142,346,732	0	142,346,732	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	31,535,210	0	31,535,210	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)	31,535,210	0	31,535,210	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)			21,694,700	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			2,132,727	27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)			19,561,973	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			4,333,720	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			35,868,930	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			35,868,930	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		3,858,159	3,858,159	7,011,379	10,869,538	1.00
2.00	00200		5,242,275	5,242,275	1,037,029	6,279,304	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	73,547	17,269,133	17,342,680	317,595	17,660,275	4.00
5.01	00510	255,426	789,017	1,044,443	-4,582	1,039,861	5.01
5.02	00520	0	6,008,897	6,008,897	-106,527	5,902,370	5.02
5.03	00530	281,118	91,149	372,267	0	372,267	5.03
5.04	00540	1,810,970	319,535	2,130,505	-428,813	1,701,692	5.04
5.05	00550	82,714	2,294,885	2,377,599	0	2,377,599	5.05
5.06	00560	3,467,216	29,651,819	33,119,035	3,653,282	36,772,317	5.06
6.00	00600	73	2,664,446	2,664,519	0	2,664,519	6.00
7.00	00700	740,304	6,728,292	7,468,596	-159,120	7,309,476	7.00
8.00	00800	0	1,073,406	1,073,406	0	1,073,406	8.00
9.00	00900	2,006,848	1,442,235	3,449,083	0	3,449,083	9.00
10.00	01000	2,052,300	2,623,613	4,675,913	-2,427,244	2,248,669	10.00
11.00	01100	0	0	0	2,418,077	2,418,077	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,505,887	1,339,027	4,844,914	-50,348	4,794,566	13.00
14.00	01400	470,541	969,938	1,440,479	-773,998	666,481	14.00
15.00	01500	3,856,327	5,557,803	9,414,130	-4,879,465	4,534,665	15.00
16.00	01600	1,126,756	1,118,750	2,245,506	0	2,245,506	16.00
17.00	01700	804,019	352,811	1,156,830	0	1,156,830	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	101,095	2,798,407	2,899,502	179,099	3,078,601	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	6,102,444	0	6,102,444	0	6,102,444	21.00
22.00	02200	0	910,741	910,741	2,334,900	3,245,641	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	23,356	23,356	23.01
23.02	02302	0	0	0	193,925	193,925	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,836,389	4,832,286	23,668,675	-2,034,890	21,633,785	30.00
31.00	03100	2,623,888	471,677	3,095,565	-273,961	2,821,604	31.00
31.01	02060	3,974,592	493,731	4,468,323	-223,639	4,244,684	31.01
32.00	03200	2,957,114	691,709	3,648,823	-360,693	3,288,130	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	2,518,895	104,259	2,623,154	0	2,623,154	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,057,626	36,073	1,093,699	-22,751	1,070,948	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,697,207	10,087,430	16,784,637	-8,171,639	8,612,998	50.00
51.00	05100	1,219,727	117,783	1,337,510	-73,428	1,264,082	51.00
52.00	05200	4,464,516	999,193	5,463,709	-437,922	5,025,787	52.00
53.00	05300	503,278	3,808,244	4,311,522	-436,335	3,875,187	53.00
54.00	05400	4,415,559	2,992,153	7,407,712	-1,050,806	6,356,906	54.00
55.00	05500	361,566	577,219	938,785	-90,120	848,665	55.00
56.00	05600	281,770	399,447	681,217	-27,208	654,009	56.00
57.00	05700	735,585	644,621	1,380,206	-75,849	1,304,357	57.00
58.00	05800	338,910	239,874	578,784	-13,530	565,254	58.00
59.00	05900	581,517	2,019,767	2,601,284	-1,623,730	977,554	59.00
60.00	06000	4,571,067	5,057,195	9,628,262	-463,135	9,165,127	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	614,246	1,616,925	2,231,171	0	2,231,171	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	1,597,922	746,668	2,344,590	-291,971	2,052,619	65.00
65.01	03560	0	1,006	1,006	149,303	150,309	65.01
66.00	06600	451,565	62,774	514,339	0	514,339	66.00
67.00	06700	357,498	6,949	364,447	0	364,447	67.00
68.00	06800	219,980	203,487	423,467	0	423,467	68.00
69.00	06900	736,235	736,905	1,473,140	-134,320	1,338,820	69.00
70.00	07000	266,279	36,646	302,925	-1,439	301,486	70.00
71.00	07100	0	0	0	5,840,141	5,840,141	71.00
72.00	07200	0	0	0	6,611,495	6,611,495	72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	8,532,159	8,532,159	73.00
74.00	07400	RENAL DIALYSIS	1,636,841	915,940	2,552,781	59,069	2,611,850	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	635,747	3,692,036	4,327,783	-3,469,284	858,499	90.01
90.02	04951	ENT	329,688	127,381	457,069	-62,179	394,890	90.02
90.03	04952	UNDER THE RAINBOW	1,080,265	269,487	1,349,752	0	1,349,752	90.03
90.04	09002	SPASTICITY CLINIC	119,235	517,605	636,840	-508,875	127,965	90.04
91.00	09100	EMERGENCY	6,071,879	2,483,923	8,555,802	-681,733	7,874,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	8,983,695	8,983,695	-8,983,695	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	96,994,171	147,078,426	244,072,597	17,580	244,090,177	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	4,204,384	4,204,384	0	4,204,384	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	11,197	11,197	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	1,925	1,925	192.01
192.02	19202	DAY PSYCH	0	0	0	24	24	192.02
192.03	19203	FAMILY PLANNING	0	0	0	682	682	192.03
192.04	19204	DEVELOPMENT	0	442,448	442,448	-31,473	410,975	192.04
192.05	19205	DENTISTRY	0	1,792	1,792	65	1,857	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	96,994,171	151,727,050	248,721,221	0	248,721,221	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
12/9/2013 11:19 am

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	-582,756	10,286,782	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-5,500	6,273,804	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-388,152	17,272,123	4.00
5.01	00510	NONPATIENT TELEPHONES	-137,672	902,189	5.01
5.02	00520	DATA PROCESSING	0	5,902,370	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-150	372,117	5.03
5.04	00540	ADMINISTRATIVE	0	1,701,692	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	2,377,599	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,722,169	34,050,148	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,664,519	6.00
7.00	00700	OPERATION OF PLANT	-1,849,096	5,460,380	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,073,406	8.00
9.00	00900	HOUSEKEEPING	0	3,449,083	9.00
10.00	01000	DIETARY	0	2,248,669	10.00
11.00	01100	CAFETERIA	-1,354,614	1,063,463	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-117,706	4,676,860	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	666,481	14.00
15.00	01500	PHARMACY	-1,149,782	3,384,883	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-619	2,244,887	16.00
17.00	01700	SOCIAL SERVICE	0	1,156,830	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,078,601	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	6,102,444	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-120,800	3,124,841	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	23,356	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	193,925	23.02
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-516,886	21,116,899	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,821,604	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,244,684	31.01
32.00	03200	CORONARY CARE UNIT	0	3,288,130	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	-58,098	2,565,056	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,070,948	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-619,233	7,993,765	50.00
51.00	05100	RECOVERY ROOM	0	1,264,082	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,025,787	52.00
53.00	05300	ANESTHESIOLOGY	-1,725,936	2,149,251	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-269,725	6,087,181	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	848,665	55.00
56.00	05600	RADIOISOTOPE	-236	653,773	56.00
57.00	05700	CT SCAN	-389	1,303,968	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	565,254	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	977,554	59.00
60.00	06000	LABORATORY	-316,805	8,848,322	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,231,171	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-650	2,051,969	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	150,309	65.01
66.00	06600	PHYSICAL THERAPY	-816	513,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	-706	363,741	67.00
68.00	06800	SPEECH PATHOLOGY	-421	423,046	68.00
69.00	06900	ELECTROCARDIOLOGY	-40,393	1,298,427	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	301,486	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-440,441	5,399,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	-498,666	6,112,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,532,159	73.00
74.00	07400	RENAL DIALYSIS	-83,205	2,528,645	74.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
75.00	07500 ASC (NON-DISTINCT PART)	6.00	7.00	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	858,499	90.01
90.02	04951 ENT	0	394,890	90.02
90.03	04952 UNDER THE RAINBOW	-24,757	1,324,995	90.03
90.04	09002 SPASTICITY CLINIC	0	127,965	90.04
91.00	09100 EMERGENCY	-168,087	7,705,982	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-13,194,466	230,895,711	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	-3,483,026	721,358	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	11,197	192.00
192.01	19201 KLING OFFICE BLDG	0	1,925	192.01
192.02	19202 DAY PSYCH	0	24	192.02
192.03	19203 FAMILY PLANNING	0	682	192.03
192.04	19204 DEVELOPMENT	0	410,975	192.04
192.05	19205 DENTISTRY	0	1,857	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-16,677,492	232,043,729	200.00

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - PHYSICIANS TEACHING RECLASS					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	2,334,900	0	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			2,334,900	0	
C - THORACIC MED SALARY RECLASS					
1.00	PULMONARY FUNCTION TESTING	65.01	149,303	0	1.00
TOTALS			149,303	0	
D - INTEREST EXPENSE RECLASS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	6,801,698	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,181,997	2.00
TOTALS			0	8,983,695	
E - MEDICAL SUPPLY & IMPL DEVICES RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,840,141	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	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,611,495	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
TOTALS			0	12,451,636	
F - PHARMACY RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	8,532,159	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
TOTALS			0	8,532,159	
G - EQUIPMENT RENTAL RECLASS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,003,028	1.00
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
TOTALS			0	1,003,028	
H - ER REGISTRATION RECLASS					
1.00	EMERGENCY	91.00	249,714	0	1.00
TOTALS			249,714	0	

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
I - INSURANCE RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	224,528	1.00	
	TOTALS		0	224,528		
J - O/P REGISTRATION RECLASS						
1.00	OUTPATIENT ACCOUNTING	18.01	179,099	0	1.00	
	TOTALS		179,099	0		
K - NURSING CONTINUITY RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	53,454	0	1.00	
2.00	CORONARY CARE UNIT	32.00	313	0	2.00	
3.00	DELIVERY ROOM & LABOR ROOM	52.00	375	0	3.00	
4.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	2,250	0	4.00	
	TOTALS		56,392	0		
L - POB FAMILY PLNG DIRECT EXP						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,197	1.00	
2.00	KLING OFFICE BLDG	192.01	0	1,596	2.00	
3.00	FAMILY PLANNING	192.03	0	682	3.00	
	TOTALS		0	13,475		
M - DIETARY / CAFETERIA						
1.00	CAFETERIA	11.00	981,465	0	1.00	
2.00	CAFETERIA	11.00	0	1,436,612	2.00	
	TOTALS		981,465	1,436,612		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY RESIDENCY PROGRAM	23.02	172,951	0	1.00	
2.00	PHARMACY RESIDENCY PROGRAM	23.02	0	19,602	2.00	
3.00	PHARMACY RESIDENCY PROGRAM	23.02	0	1,372	3.00	
	TOTALS		172,951	20,974		
O - RECLASS SINAI HEALTH SYS EXPENSES						
1.00	DATA PROCESSING	5.02	2,274,274	0	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	2,776,431	0	2.00	
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	862,980	0	3.00	
4.00	NONPATIENT TELEPHONES	5.01	157,030	0	4.00	
5.00	NURSING ADMINISTRATION	13.00	190,856	0	5.00	
6.00	DEVELOPMENT	192.04	319,840	0	6.00	
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	421,502	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	
	TOTALS		6,581,411	421,502		
Q - PASTORAL EDUCATION RECLASS						
1.00	PASTORAL EDUCATION	23.01	13,231	0	1.00	
2.00	PASTORAL EDUCATION	23.01	0	10,125	2.00	
	TOTALS		13,231	10,125		
R - COMMONWEALTH EDISON METER RENTAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	34,419	1.00	
	TOTALS		0	34,419		
S - RENAL DIALYSIS PHYSICIANS RECLASS						
1.00	RENAL DIALYSIS	74.00	59,069	0	1.00	
	TOTALS		59,069	0		
T - CAPITAL LEASE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,938,081	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	
	TOTALS		0	1,938,081		

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6

Date/Time Prepared:
12/9/2013 11:19 am

Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
U - EQUIPMT DEPR FOR NON-REIMB COST CTR					
1.00	DAY PSYCH	192.02	0	24	1.00
2.00	DENTISTRY	192.05	0	65	2.00
3.00	KLING OFFICE BLDG	192.01	0	329	3.00
	TOTALS		0	418	
500.00	Grand Total: Increases		10,777,535	35,070,652	500.00

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
B - PHYSICIANS TEACHING RECLASS						
1.00		0.00	0	0	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	1,475,127	0	0	2.00
3.00	OPERATING ROOM	50.00	601,616	0	0	3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	45,688	0	0	4.00
5.00	ANESTHESIOLOGY	53.00	110,793	0	0	5.00
6.00	LABORATORY	60.00	49,671	0	0	6.00
7.00	ELECTROCARDIOLOGY	69.00	7,004	0	0	7.00
8.00	EMERGENCY	91.00	45,001	0	0	8.00
	TOTALS		2,334,900	0		
C - THORACIC MED SALARY RECLASS						
1.00	RESPIRATORY THERAPY	65.00	149,303	0	0	1.00
	TOTALS		149,303	0		
D - INTEREST EXPENSE RECLASS						
1.00	INTEREST EXPENSE	113.00	0	8,983,695	11	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	8,983,695		
E - MEDICAL SUPPLY & IMPL DEVICES RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	0	467,055	0	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	238,467	0	2.00
3.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	176,411	0	3.00
4.00	CORONARY CARE UNIT	32.00	0	356,109	0	4.00
5.00	NURSERY	43.00	0	22,751	0	5.00
6.00	OPERATING ROOM	50.00	0	2,374,963	0	6.00
7.00	RECOVERY ROOM	51.00	0	26,783	0	7.00
8.00	DELIVERY ROOM & LABOR ROOM	52.00	0	296,804	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	294,626	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	411,539	0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13,530	0	11.00
12.00	CARDIAC CATHETERIZATION	59.00	0	147,533	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	134,824	0	13.00
14.00	EMERGENCY	91.00	0	878,746	0	14.00
15.00	ADULTS & PEDIATRICS	30.00	0	695	0	15.00
16.00	INTENSIVE CARE UNIT	31.00	0	17,279	0	16.00
17.00	CORONARY CARE UNIT	32.00	0	616	0	17.00
18.00	OPERATING ROOM	50.00	0	4,954,632	0	18.00
19.00	RECOVERY ROOM	51.00	0	291	0	19.00
20.00	DELIVERY ROOM & LABOR ROOM	52.00	0	122,908	0	20.00
21.00	ANESTHESIOLOGY	53.00	0	30,916	0	21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	294,180	0	22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	1,182,278	0	23.00
24.00	EMERGENCY	91.00	0	7,700	0	24.00
	TOTALS		0	12,451,636		
F - PHARMACY RECLASS						
1.00	OUTPATIENT CHEMOTHERAPY	90.01	0	3,469,284	0	1.00
2.00	PHARMACY	15.00	0	4,554,000	0	2.00
3.00	SPASTICITY CLINIC	90.04	0	508,875	0	3.00
	TOTALS		0	8,532,159		
G - EQUIPMENT RENTAL RECLASS						
1.00		0.00	0	0	14	1.00
3.00	DIETARY	10.00	0	9,167	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	500,458	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	39,833	0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	18,215	0	6.00
7.00	CORONARY CARE UNIT	32.00	0	4,281	0	7.00
8.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	874	0	8.00
9.00	OPERATING ROOM	50.00	0	55,346	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	496	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,800	0	11.00
12.00	LABORATORY	60.00	0	358,378	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	7,844	0	13.00
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,439	0	14.00
15.00	ENT	90.02	0	4,897	0	15.00
	TOTALS		0	1,003,028		
H - ER REGISTRATION RECLASS						
1.00	ADMINISTRATIVE	5.04	249,714	0	0	1.00
	TOTALS		249,714	0		
I - INSURANCE RECLASS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	224,528	12	1.00
	TOTALS		0	224,528		

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
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		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
J - O/P REGISTRATION RECLASS						
1.00	ADMINISTRATION	5.04	179,099	0	0	1.00
	TOTALS		179,099	0		
K - NURSING CONTINUITY RECLASS						
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	56,392	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
	TOTALS		0	56,392		
L - POB FAMILY PLNG DIRECT EXP						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	13,475	9	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	13,475		
M - DIETARY / CAFETERIA						
1.00	DIETARY	10.00	981,465	0	0	1.00
2.00	DIETARY	10.00	0	1,436,612	0	2.00
	TOTALS		981,465	1,436,612		
N - PHARMACY RESIDENCY RECLASS						
1.00	PHARMACY	15.00	172,951	0	0	1.00
2.00	PHARMACY	15.00	0	19,602	0	2.00
3.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,372	9	3.00
	TOTALS		172,951	20,974		
O - RECLASS SINAI HEALTH SYS EXPENSES						
1.00	DATA PROCESSING	5.02	0	2,274,274	0	1.00
2.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	0	2,776,431	0	2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	862,980	0	3.00
4.00	NONPATIENT TELEPHONES	5.01	0	157,030	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	190,856	0	5.00
6.00	DEVELOPMENT	192.04	0	319,840	0	6.00
7.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	49,765	0	7.00
8.00	NONPATIENT TELEPHONES	5.01	0	4,582	0	8.00
9.00	DATA PROCESSING	5.02	0	96,861	0	9.00
10.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	0	218,912	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	19,909	0	11.00
12.00	DEVELOPMENT	192.04	0	31,473	0	12.00
	TOTALS		0	7,002,913		
Q - PASTORAL EDUCATION RECLASS						
1.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	13,231	0	0	1.00
2.00	OTHER ADMINSTRATIVE AND GENERAL	5.06	0	10,125	0	2.00
	TOTALS		13,231	10,125		
R - COMMONWEALTH EDISON METER RENTAL						
1.00	OPERATION OF PLANT	7.00	0	34,419	14	1.00
	TOTALS		0	34,419		
S - RENAL DIALYSIS PHYSICIANS RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	59,069	0	0	1.00
	TOTALS		59,069	0		
T - CAPITAL LEASE RECLASS						
1.00	DATA PROCESSING	5.02	0	9,666	0	1.00
2.00	OPERATION OF PLANT	7.00	0	124,701	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	30,439	0	3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	273,540	0	4.00
5.00	PHARMACY	15.00	0	132,912	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	46,565	0	6.00
7.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	46,354	0	7.00
8.00	OPERATING ROOM	50.00	0	185,082	0	8.00
9.00	RECOVERY ROOM	51.00	0	46,354	0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	18,089	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	297,599	0	11.00
12.00	RADIOLOGY-THERAPEUTIC	55.00	0	90,120	0	12.00
13.00	RADIOISOTOPE	56.00	0	27,208	0	13.00
14.00	CT SCAN	57.00	0	75,849	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	293,919	0	15.00
16.00	LABORATORY	60.00	0	55,086	0	16.00
17.00	ELECTROCARDIOLOGY	69.00	0	127,316	0	17.00
18.00	ENT	90.02	0	57,282	0	18.00
	TOTALS		0	1,938,081		

RECLASSIFICATIONS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6

Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
U - EQUIPMT DEPR FOR NON-REIMB COST CTR							
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	418	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			0	418			
500.00	Grand Total: Decreases		4,139,732	41,708,455			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,725,650	0	0	0	1.00
2.00	Land Improvements	682,066	0	0	0	2.00
3.00	Buildings and Fixtures	145,104,708	5,646,081	0	5,646,081	3.00
4.00	Building Improvements	221,953	590,026	0	590,026	3,108 4.00
5.00	Fixed Equipment	81,844,762	6,577,312	0	6,577,312	0 5.00
6.00	Movable Equipment	0	0	0	0	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	229,579,139	12,813,419	0	12,813,419	3,108 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	229,579,139	12,813,419	0	12,813,419	3,108 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,725,650	0			1.00
2.00	Land Improvements	682,066	0			2.00
3.00	Buildings and Fixtures	150,750,789	0			3.00
4.00	Building Improvements	808,871	0			4.00
5.00	Fixed Equipment	88,422,074	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	242,389,450	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	242,389,450	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,858,159	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,242,275	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,100,434	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,858,159				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,242,275				2.00
3.00	Total (sum of lines 1-2)	0	9,100,434				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	10,257,655	0	10,257,655	0.620493	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,273,804	0	6,273,804	0.379507	0	2.00
3.00	Total (sum of lines 1-2)	16,531,459	0	16,531,459	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	3,815,146	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,241,857	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,057,003	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	6,247,108	224,528	0	0	10,286,782	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,031,947	6,273,804	2.00
3.00	Total (sum of lines 1-2)	6,247,108	224,528	0	1,031,947	16,560,586	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
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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)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,783,538				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		0			0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests			0		0.00	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	0RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	0PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	0UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	0NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0	0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	0OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0	0ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	0SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.00

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Worksheet A-8

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
34.01 LAB OTHER OPER SRH A8-1	B	-258,038	LABORATORY		60.00	0 34.01
34.03 RENAL OTH OPER SRH A8-1	B	-83,205	RENAL DIALYSIS		74.00	0 34.03
34.04 NUCL MED OTHER OPER SRH A8-1	B	-236	RADIOISOTOPE		56.00	0 34.04
34.06 IP COMMUN DIS SRH A8-1	B	-144	SPEECH PATHOLOGY		68.00	0 34.06
34.07 IP PHYSIC THER SRH A8-1	B	-816	PHYSICAL THERAPY		66.00	0 34.07
34.08 IP OCCUP THER SRH A8-1	B	-706	OCCUPATIONAL THERAPY		67.00	0 34.08
34.09 RESP THER SRH A8-1	B	-650	RESPIRATORY THERAPY		65.00	0 34.09
34.11 RADIOLOGY SRH A8-1	B	-10,350	RADIOLOGY-DIAGNOSTIC		54.00	0 34.11
34.12 CLI SERV SUP OTHER OPER A8-1	B	-558	RADIOLOGY-DIAGNOSTIC		54.00	0 34.12
34.13 CT SCAN SRH A8-1	B	-389	CT SCAN		57.00	0 34.13
34.14 INFECTION CONTROL OTH A/C 4499 A8-1	B	-100,000	NURSING ADMINISTRATION		13.00	0 34.14
34.15 EKG SRH A8-1	B	-49	ELECTROCARDIOLOGY		69.00	0 34.15
34.16 PHARMACY SRH A8-1	B	-1,085,872	PHARMACY		15.00	0 34.16
34.17 VASCULAR SRH A8-1	B	-47,922	RADIOLOGY-DIAGNOSTIC		54.00	0 34.17
34.18 UTR MISC A8-1	B	-360	UNDER THE RAINBOW		90.03	0 34.18
34.19 MEDICAL EDUCATION A8-1	B	-100,800	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 34.19
34.20 MEDICAL RECORDS A8-1	B	-619	MEDICAL RECORDS & LIBRARY		16.00	0 34.20
34.22 SECURITY MISC A8-1	B	-3,026	OPERATION OF PLANT		7.00	0 34.22
34.24 CAFETERIA MISC A8-1	B	-1,354,614	CAFETERIA		11.00	0 34.24
34.25 ADMIN OTH OPR A8-1	B	-6,839	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.25
34.26 RNTL OTHER A8-1	B	-605,484	OPERATION OF PLANT		7.00	0 34.26
34.27 ICT RENT REV A8-1	B	-506,773	OPERATION OF PLANT		7.00	0 34.27
34.28 GEN OTH OPR REV A8-1	B	-22,637	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.28
34.29 PREMIER PURCH A8-2	B	-440,441	MEDICAL SUPPLIES CHARGED TO PATIENTS		71.00	0 34.29
34.30 OTHER A&G A8-2	B	-19,119	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.30
34.31 OTHER A&G A8-2	B	-10,187	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.31
34.32 EMPLOYEE BENEFITS A8-2	B	-88,371	EMPLOYEE BENEFITS DEPARTMENT		4.00	14 34.32
34.33 REAL ESTATE TAXES A8-5	A	-47,150	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.33
34.34 ACCELERATED DEPRECIATION A8-6	A	-1,938	CAP REL COSTS-BLDG & FIXT		1.00	9 34.34
34.35 SATELLITE DEPRECIATION EXP A8-7	A	-10,013	CAP REL COSTS-BLDG & FIXT		1.00	9 34.35
34.36 SATELLITE DEPRECIATION EXP A8-7	A	-6,546	CAP REL COSTS-BLDG & FIXT		1.00	9 34.36
34.37 SELF INSURANCE EXP A8-9	A	-1,333,343	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.37
34.38 INVESTMENT INCOME INTEREST A8-11	B	-554,590	CAP REL COSTS-BLDG & FIXT		1.00	11 34.38
34.39 INVESTMENT INCOME INTEREST A8-11	B	-177,913	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.39
34.40 PASTORAL EDUCATION RECLASS A8-12	B	-4,100	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.40
34.41 TELEPHONE OFFSET A8-14	A	-137,672	NONPATIENT TELEPHONES		5.01	0 34.41
34.42 UNEMPLOYMENT INS A8-16	A	-54,566	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.42
34.43 PATIENT TRANSPORTATION A8-17	A	-683,836	OPERATION OF PLANT		7.00	0 34.43
34.44 PATIENT TRANSPORTATION A8-17	A	-24,397	UNDER THE RAINBOW		90.03	0 34.44
34.45 ACLS FEES OFFSET A8-18	B	-17,706	NURSING ADMINISTRATION		13.00	0 34.45
34.46 DAY PSYCH OFFSET A8-20	A	-3,483,026	RESEARCH		191.00	0 34.46
34.48 PARKING FAC REV OFFSET A8-24	A	-9,669	CAP REL COSTS-BLDG & FIXT		1.00	9 34.48
34.49 PARKING FAC REV OFFSET A8-24	A	-49,977	OPERATION OF PLANT		7.00	0 34.49
34.50 DONATION OFFSET A8-25	B	-38,420	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.50
34.51 NURSE ANESTHETISTS OFFSET A8-27	A	-1,608,708	ANESTHESIOLOGY		53.00	0 34.51
34.52 NURSE ANESTHETISTS OFFSET A8-27	A	-245,215	EMPLOYEE BENEFITS DEPARTMENT		4.00	0 34.52
34.53 MARKETING OFFSET A8-28	A	-738,462	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.53
34.54 GOVERNMENTAL LOBBYISTS OFFSET A8-31	A	-279,996	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.54
34.55 LOBBYING EXPENSE OFFSET A8-32	A	-33,871	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 34.55
34.56		0			0.00	0 34.56

Provider CCN: 140018

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet A-8

Date/Time Prepared:
 12/9/2013 11:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
34.57 PREMIER PURCHASING A8-2	B	-498,666	IMPL. DEV. CHARGED TO PATIENTS	72.00	0 34.57
34.58 MAJOR EQUIPM A8-2	B	-5,500	CAP REL COSTS-MVBLE EQUIP	2.00	14 34.58
34.61		0		0.00	0 34.61
34.62 WALGREEN REVENUE A8-2	B	-63,910	PHARMACY	15.00	0 34.62
34.63 AUDIOLOGY OTH OPER REV A/C 4499 A8-1	B	-277	SPEECH PATHOLOGY	68.00	0 34.63
34.64 STROKE CTR OTH OP REV A/C 4499 A8-1	B	-6,000	ELECTROCARDIOLOGY	69.00	0 34.64
34.65 FAMILY MED OTH REV A/C 4499 A8-1	B	-20,000	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0 34.65
34.66 2010-RACS OTH OPR MISC A/C 4449 A8-1	B	-10,132	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 34.66
34.67 MATERIALS MGMT OTH 4499 MISC A8-1	B	-150	PURCHASING RECEIVING AND STORES	5.03	0 34.67
34.68		0		0.00	0 34.68
34.69		0		0.00	0 34.69
34.70		0		0.00	0 34.70
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-16,677,492			50.00

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

Provider CCN: 140018

Period: From 07/01/2012 To 06/30/2013

Worksheet A-8-1

Date/Time Prepared: 12/9/2013 11:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	1,859,604	1,859,604	1.00
2.00	5.01	NONPATIENT TELEPHONES	739,308	739,308	2.00
3.00	5.02	DATA PROCESSING	6,005,460	6,005,460	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	5,390,300	5,390,300	4.00
4.01	5.06	OTHER ADMINISTRATIVE AND GENERAL	176,354	176,354	4.01
4.02	13.00	NURSING ADMINISTRATION	272,235	272,235	4.02
4.03	30.00	ADULTS & PEDIATRICS	2,834,154	2,834,154	4.03
4.04	50.00	OPERATING ROOM	551,388	551,388	4.04
4.05	53.00	ANESTHESIOLOGY	3,154,330	3,154,330	4.05
4.06	54.00	RADIOLOGY-DIAGNOSTIC	930,010	930,010	4.06
4.07	56.00	RADIOISOTOPE	52,167	52,167	4.07
4.08	69.00	ELECTROCARDIOLOGY	268,085	268,085	4.08
4.09	91.00	EMERGENCY	890,837	890,837	4.09
4.10	192.04	DEVELOPMENT	439,560	439,560	4.10
4.11	5.05	CASHIERING/ACCOUNTS RECEIVABLE	-359,563	-359,563	4.11
4.12	7.00	OPERATION OF PLANT	-731,112	-731,112	4.12
4.13	10.00	DIETARY	-356,421	-356,421	4.13
4.14	191.00	RESEARCH	594,804	594,804	4.14
4.15	90.03	UNDER THE RAINBOW	114,680	114,680	4.15
5.00	0	0	22,826,180	22,826,180	5.00

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

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. 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	E	SINAI HLTH SYST	100.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-1

Date/Time Prepared:
12/9/2013 11:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
4.01	0	0		4.01
4.02	0	0		4.02
4.03	0	0		4.03
4.04	0	0		4.04
4.05	0	0		4.05
4.06	0	0		4.06
4.07	0	0		4.07
4.08	0	0		4.08
4.09	0	0		4.09
4.10	0	0		4.10
4.11	0	0		4.11
4.12	0	0		4.12
4.13	0	0		4.13
4.14	0	0		4.14
4.15	0	0		4.15
5.00	0	0		5.00

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
12/9/2013 11:19 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	2,804,044	0	2,804,044	177,200	26,847	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	215,458	0	215,458	154,100	2,124	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	1,462,333	0	1,462,333	208,000	8,431	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	392,159	0	392,159	200,300	2,855	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	380,737	0	380,737	225,300	1,568	5.00
6.00	60.00	AGGREGATE-LABORATORY	295,726	0	295,726	215,700	2,285	6.00
7.00	91.00	AGGREGATE-EMERGENCY	375,007	0	375,007	165,600	2,599	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	70,040	0	70,040	177,200	419	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			5,995,504	0	5,995,504		47,128	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	AGGREGATE-ADULTS & PEDIATRICS	2,287,158	114,358	0	0	0	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	157,360	7,868	0	0	0	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	843,100	42,155	0	0	0	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	274,931	13,747	0	0	0	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	169,842	8,492	0	0	0	5.00
6.00	60.00	AGGREGATE-LABORATORY	236,959	11,848	0	0	0	6.00
7.00	91.00	AGGREGATE-EMERGENCY	206,920	10,346	0	0	0	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	35,696	1,785	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			4,211,966	210,599	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	AGGREGATE-ADULTS & PEDIATRICS	0	2,287,158	516,886	516,886	1.00
2.00	40.00	AGGREGATE-SUBPROVIDER - IPF	0	157,360	58,098	58,098	2.00
3.00	50.00	AGGREGATE-OPERATING ROOM	0	843,100	619,233	619,233	3.00
4.00	53.00	AGGREGATE-ANESTHESIOLOGY	0	274,931	117,228	117,228	4.00
5.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	169,842	210,895	210,895	5.00
6.00	60.00	AGGREGATE-LABORATORY	0	236,959	58,767	58,767	6.00
7.00	91.00	AGGREGATE-EMERGENCY	0	206,920	168,087	168,087	7.00
8.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	35,696	34,344	34,344	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	4,211,966	1,783,538	1,783,538	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	10,286,782	10,286,782			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,273,804		6,273,804		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,272,123	59,625	36,365	17,368,113	4.00
5.01 00510	NONPATIENT TELEPHONES	902,189	10,796	6,585	69,757	989,327 5.01
5.02 00520	DATA PROCESSING	5,902,370	85,062	51,878	384,639	20,765 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	372,117	150,466	91,768	47,544	14,832 5.03
5.04 00540	ADMINISTRATIVE	1,701,692	27,100	16,528	233,759	6,675 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	2,377,599	42,722	26,055	13,989	25,215 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	34,050,148	753,122	459,322	1,053,725	96,411 5.06
6.00 00600	MAINTENANCE & REPAIRS	2,664,519	391,829	238,972	12	15,574 6.00
7.00 00700	OPERATION OF PLANT	5,460,380	168,078	102,509	125,205	17,799 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,073,406	293,408	178,947	0	742 8.00
9.00 00900	HOUSEKEEPING	3,449,083	19,193	11,706	339,410	5,191 9.00
10.00 01000	DIETARY	2,248,669	65,950	40,222	181,106	17,057 10.00
11.00 01100	CAFETERIA	1,063,463	483,597	294,941	165,991	0 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	4,676,860	190,298	116,061	625,215	16,316 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	666,481	564,487	344,275	79,581	742 14.00
15.00 01500	PHARMACY	3,384,883	76,528	46,674	622,955	8,899 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,244,887	97,957	59,743	190,564	14,832 16.00
17.00 01700	SOCIAL SERVICE	1,156,830	57,716	35,201	135,981	9,641 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	3,078,601	119,059	72,613	47,388	24,474 18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,102,444	0	0	1,032,082	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	3,124,841	100,493	61,289	394,892	0 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	23,356	0	0	2,238	0 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	193,925	2,481	1,513	29,251	0 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	21,116,899	2,617,879	1,596,617	2,935,313	297,393 30.00
31.00 03100	INTENSIVE CARE UNIT	2,821,604	151,066	92,134	443,768	12,608 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	4,244,684	48,256	29,431	672,207	12,608 31.01
32.00 03200	CORONARY CARE UNIT	3,288,130	174,322	106,317	500,178	15,574 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	2,565,056	297,089	181,191	426,011	20,765 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,070,948	38,087	23,229	178,872	5,191 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	7,993,765	698,895	426,249	1,030,923	63,780 50.00
51.00 05100	RECOVERY ROOM	1,264,082	34,215	20,868	206,288	4,450 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	5,025,787	161,781	98,668	755,129	13,349 52.00
53.00 05300	ANESTHESIOLOGY	2,149,251	47,575	29,015	66,379	9,641 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,087,181	416,011	253,721	739,059	31,148 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	848,665	97,276	59,327	61,150	5,191 55.00
56.00 05600	RADIOISOTOPE	653,773	64,723	39,474	47,655	7,416 56.00
57.00 05700	CT SCAN	1,303,968	25,873	15,780	124,407	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	565,254	27,427	16,727	57,318	6,675 58.00
59.00 05900	CARDIAC CATHETERIZATION	977,554	56,381	34,386	98,350	5,933 59.00
60.00 06000	LABORATORY	8,848,322	639,134	389,802	764,686	57,847 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,231,171	21,838	13,319	103,885	1,483 62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,051,969	62,406	38,061	244,999	4,450 65.00
65.01 03560	PULMONARY FUNCTION TESTING	150,309	34,924	21,300	25,251	742 65.01
66.00 06600	PHYSICAL THERAPY	513,523	70,776	43,165	76,371	5,933 66.00
67.00 06700	OCCUPATIONAL THERAPY	363,741	82,662	50,415	60,462	4,450 67.00
68.00 06800	SPEECH PATHOLOGY	423,046	18,893	11,523	37,204	2,225 68.00
69.00 06900	ELECTROCARDIOLOGY	1,298,427	101,392	61,838	123,332	10,383 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	301,486	33,779	20,602	45,035	15,574 70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	5,399,700	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	6,112,829	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,532,159	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	2,528,645	34,979	21,333	286,822	3,708	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	858,499	0	0	107,521	0	90.01
90.02 04951 ENT	394,890	0	0	55,759	0	90.02
90.03 04952 UNDER THE RAINBOW	1,324,995	190,871	116,410	182,701	26,698	90.03
90.04 09002 SPASTICITY CLINIC	127,965	0	0	20,166	0	90.04
91.00 09100 EMERGENCY	7,705,982	170,396	103,923	1,061,535	23,732	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	230,895,711	10,178,873	6,207,992	17,314,020	964,112	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	721,358	66,959	40,837	0	14,091	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	11,197	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	1,925	0	0	0	0	192.01
192.02 19202 DAY PSYCH	24	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	682	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	410,975	25,573	15,597	54,093	3,708	192.04
192.05 19205 DENTISTRY	1,857	15,377	9,378	0	1,483	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	5,933	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	232,043,729	10,286,782	6,273,804	17,368,113	989,327	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	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	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING	6,444,714					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	402,795	1,079,522				5.03
5.04	00540	ADMINITTING	335,662	1,847	2,323,263			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,141,249	873		3,627,702		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	537,060	24,432			36,974,220	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	574			3,311,480	6.00
7.00	00700	OPERATION OF PLANT	0	116,424			5,990,395	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	49,237			1,595,740	8.00
9.00	00900	HOUSEKEEPING	0	48,744			3,873,327	9.00
10.00	01000	DIETARY	0	1,520			2,554,524	10.00
11.00	01100	CAFETERIA	0	0			2,007,992	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0			0	12.00
13.00	01300	NURSING ADMINISTRATION	0	2,045			5,626,795	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	35,086			1,690,652	14.00
15.00	01500	PHARMACY	268,530	10,302			4,418,771	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	335,662	758			2,944,403	16.00
17.00	01700	SOCIAL SERVICE	0	2,207			1,397,576	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0			0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	537,060	0			3,879,195	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0			0	19.00
20.00	02000	NURSING SCHOOL	0	0			0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0			7,134,526	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	1,214			3,682,729	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			0	23.00
23.01	02301	PASTORAL EDUCATION	0	0			25,594	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0			227,170	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	872,722	21,014	364,865	339,734	30,162,436	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,090	65,074	60,435	3,650,779	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	2,641	100,308	93,124	5,203,259	31.01
32.00	03200	CORONARY CARE UNIT	0	3,465	73,892	68,611	4,230,489	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	880	54,081	50,207	3,595,280	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	625	40,613	37,704	1,395,269	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	402,795	0	156,876	283,646	11,056,929	50.00
51.00	05100	RECOVERY ROOM	0	897	44,060	104,775	1,679,635	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	20,341	88,236	159,056	6,322,347	52.00
53.00	05300	ANESTHESIOLOGY	0	7,763	86,046	123,345	2,519,015	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	738,457	60,510	78,244	213,865	8,618,196	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	12,045	1,290	28,249	1,113,193	55.00
56.00	05600	RADIOISOTOPE	0	15,930	9,831	22,121	860,923	56.00
57.00	05700	CT SCAN	0	24,862	95,464	199,221	1,789,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,899	22,699	48,709	756,708	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	62,199	72,939	85,503	1,393,245	59.00
60.00	06000	LABORATORY	872,722	98,763	177,952	384,106	12,233,334	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	10,775	18,672	20,695	2,421,838	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	32,122	110,617	105,822	2,650,446	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	15,627	18,852	267,005	65.01
66.00	06600	PHYSICAL THERAPY	0	2,742	8,772	9,072	730,354	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	40	10,577	10,234	582,581	67.00
68.00	06800	SPEECH PATHOLOGY	0	10,739	5,551	7,844	517,025	68.00
69.00	06900	ELECTROCARDIOLOGY	0	29,094	41,967	71,899	1,738,332	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	500	2,098	13,990	433,064	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	141,420	85,804	101,120	5,728,044	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	179,991	99,584	107,209	6,499,613	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	212,237	333,389	9,077,785	73.00
74.00	07400	RENAL DIALYSIS	0	17,784	6,338	72,985	2,972,594	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	2,997	143	16,505	985,665	90.01
90.02	04951 ENT	0	1,267	0	5,477	457,393	90.02
90.03	04952 UNDER THE RAINBOW	0	424	0	22,941	1,865,040	90.03
90.04	09002 SPASTICITY CLINIC	0	31	4	2,208	150,374	90.04
91.00	09100 EMERGENCY	0	0	172,802	405,049	9,643,419	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	6,444,714	1,073,113	2,323,263	3,627,702	230,636,273	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	6,406	0	0	849,651	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,197	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	1,925	192.01
192.02	19202 DAY PSYCH	0	0	0	0	24	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	682	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	509,946	192.04
192.05	19205 DENTISTRY	0	3	0	0	28,098	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	5,933	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	6,444,714	1,079,522	2,323,263	3,627,702	232,043,729	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	36,974,220					5.06
6.00	00600	MAINTENANCE & REPAIRS	627,671	3,939,151				6.00
7.00	00700	OPERATION OF PLANT	1,135,443	75,528	7,201,366			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	302,463	131,847	245,748	2,275,798		8.00
9.00	00900	HOUSEKEEPING	734,166	8,625	16,076	0	4,632,194	9.00
10.00	01000	DIETARY	484,195	29,636	55,237	0	36,871	10.00
11.00	01100	CAFETERIA	380,603	217,311	405,044	0	270,370	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,066,525	85,513	159,387	0	106,392	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,453	253,660	472,795	0	315,594	14.00
15.00	01500	PHARMACY	837,552	34,389	64,097	0	42,785	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	558,094	44,018	82,045	0	54,766	16.00
17.00	01700	SOCIAL SERVICE	264,902	25,936	48,341	0	32,268	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	735,278	53,501	99,720	0	66,564	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,352,307	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	698,039	45,158	84,169	0	56,183	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	4,851	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	43,059	1,115	2,078	0	1,387	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,717,074	1,176,380	2,192,642	1,081,853	1,463,607	30.00
31.00	03100	INTENSIVE CARE UNIT	691,983	67,884	126,528	88,546	84,458	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	986,247	21,685	40,418	12,631	26,979	31.01
32.00	03200	CORONARY CARE UNIT	801,864	78,334	146,006	103,702	97,460	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	681,464	133,501	248,831	78,886	166,096	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	264,465	17,115	31,900	0	21,294	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,095,775	314,058	585,370	169,517	390,739	50.00
51.00	05100	RECOVERY ROOM	318,365	15,375	28,658	51,615	19,129	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,198,363	72,698	135,502	95,854	90,448	52.00
53.00	05300	ANESTHESIOLOGY	477,464	21,378	39,847	0	26,598	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,633,527	186,940	348,436	66,305	232,584	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	210,999	43,712	81,475	11,692	54,385	55.00
56.00	05600	RADIOISOTOPE	163,183	29,084	54,210	22,146	36,185	56.00
57.00	05700	CT SCAN	339,203	11,626	21,670	15,334	14,465	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	143,429	12,325	22,972	10,390	15,334	58.00
59.00	05900	CARDIAC CATHETERIZATION	264,081	25,335	47,222	25,580	31,521	59.00
60.00	06000	LABORATORY	2,318,755	287,204	535,316	0	357,327	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	459,045	9,813	18,291	0	12,209	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	502,376	28,043	52,269	0	34,890	65.00
65.01	03560	PULMONARY FUNCTION TESTING	50,609	15,694	29,251	0	19,526	65.01
66.00	06600	PHYSICAL THERAPY	138,434	31,804	59,279	0	39,569	66.00
67.00	06700	OCCUPATIONAL THERAPY	110,425	37,146	69,235	0	46,215	67.00
68.00	06800	SPEECH PATHOLOGY	97,999	8,490	15,825	0	10,563	68.00
69.00	06900	ELECTROCARDIOLOGY	329,490	45,562	84,923	10,546	56,686	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	82,085	15,179	28,292	9,766	18,885	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,085,716	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,231,963	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,720,640	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	563,437	15,718	29,297	59,893	19,556	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	186,827	0	0	0	0	90.01
90.02	04951 ENT	86,696	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	353,507	85,770	159,866	0	106,712	90.03
90.04	09002 SPASTICITY CLINIC	28,502	0	0	0	0	90.04
91.00	09100 EMERGENCY	1,827,852	76,570	142,718	361,542	95,265	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	36,707,445	3,890,660	7,110,986	2,275,798	4,571,865	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	161,046	30,089	56,082	0	37,435	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,122	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	365	0	0	0	0	192.01
192.02	19202 DAY PSYCH	5	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	129	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	96,657	11,492	21,419	0	14,297	192.04
192.05	19205 DENTISTRY	5,326	6,910	12,879	0	8,597	192.05
192.06	19206 OCCUPATIONAL HEALTH	1,125	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	36,974,220	3,939,151	7,201,366	2,275,798	4,632,194	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part I Date/Time Prepared: 12/9/2013 11:19 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,160,463					10.00
11.00	01100	CAFETERIA	0	3,281,320				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	102,511	0	7,147,123		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	39,234	0	0	3,092,388	14.00
15.00	01500	PHARMACY	0	120,932	0	0	244,490	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	62,489	0	0	6	16.00
17.00	01700	SOCIAL SERVICE	0	34,603	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	13,307	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	314,148	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	8,422	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,223,507	744,904	0	2,743,451	330,933	30.00
31.00	03100	INTENSIVE CARE UNIT	0	90,298	0	397,306	120,841	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	211,333	115,767	0	523,263	73,051	31.01
32.00	03200	CORONARY CARE UNIT	270,267	105,920	0	426,946	161,006	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	455,356	100,170	0	412,799	4,575	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	40,582	0	175,806	9,421	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	195,379	0	831,196	0	50.00
51.00	05100	RECOVERY ROOM	0	33,763	0	142,091	11,091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	159,835	0	583,660	125,994	52.00
53.00	05300	ANESTHESIOLOGY	0	7,582	0	0	122,004	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	147,800	0	0	184,367	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	11,602	0	0	915	55.00
56.00	05600	RADIOISOTOPE	0	9,516	0	0	2,111	56.00
57.00	05700	CT SCAN	0	25,723	0	0	36,816	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	11,500	0	0	5,603	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,482	0	0	61,093	59.00
60.00	06000	LABORATORY	0	176,576	0	0	40,872	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	22,263	0	0	657	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	61,802	0	0	55,830	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	5,547	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	14,350	0	0	109	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,803	0	0	351	67.00
68.00	06800	SPEECH PATHOLOGY	0	6,437	0	0	466	68.00
69.00	06900	ELECTROCARDIOLOGY	0	27,504	0	0	3,721	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,129	0	0	4,299	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	636,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	809,745	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	57,782	0	0	20,494	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
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Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	30,990	0	0	17,847	90.01
90.02	04951 ENT	0	22,161	0	0	4,051	90.02
90.03	04952 UNDER THE RAINBOW	0	49,233	0	0	10	90.03
90.04	09002 SPASTICITY CLINIC	0	2,468	0	0	3,372	90.04
91.00	09100 EMERGENCY	0	265,806	0	910,605	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	3,160,463	3,281,320	0	7,147,123	3,092,364	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	19	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	5	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	3,160,463	3,281,320	0	7,147,123	3,092,388	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
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 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	5,763,016					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	3,745,821				16.00
17.00 01700 SOCIAL SERVICE	127,731	0	1,931,357			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	4,847,565	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	109,662	350,784	1,199,893	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	25,657	62,401	55,223	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	18,260	96,153	65,880	0	0	31.01
32.00 03200 CORONARY CARE UNIT	22,211	70,842	127,643	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	2,871	51,840	203,938	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	67	38,930	6,055	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	44,556	292,872	0	0	455,235	50.00
51.00 05100 RECOVERY ROOM	4,382	108,183	0	0	210,687	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	22,888	164,229	31,002	0	254,458	52.00
53.00 05300 ANESTHESIOLOGY	114,589	127,357	0	0	143,367	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,973	220,821	0	0	465,853	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	14	29,168	0	0	89,234	55.00
56.00 05600 RADIOISOTOPE	957	22,841	0	0	42,862	56.00
57.00 05700 CT SCAN	5,869	205,701	0	0	364,814	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	124	50,293	0	0	91,162	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,709	88,284	0	0	58,678	59.00
60.00 06000 LABORATORY	1,239	396,599	0	0	722,075	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,368	0	0	11,086	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	814	109,264	0	0	10,316	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	19,465	0	0	14,332	65.01
66.00 06600 PHYSICAL THERAPY	0	9,367	0	0	3,062	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	10,567	0	0	1,365	67.00
68.00 06800 SPEECH PATHOLOGY	0	8,100	0	0	8,877	68.00
69.00 06900 ELECTROCARDIOLOGY	1,102	74,237	0	0	108,649	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	14,445	0	0	39,721	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	104,409	0	0	70,797	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	110,696	0	0	48,679	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
						(SPECIFY)	OUTPATIENT ACCOUNTING	
			15.00	16.00	17.00	18.00	18.01	
73.00	07300	DRUGS CHARGED TO PATIENTS	5,162,525	344,233	0	0	449,783	73.00
74.00	07400	RENAL DIALYSIS	0	75,359	136,847	0	221,342	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	17,042	0	0	54,007	90.01
90.02	04951	ENT	3,794	5,655	0	0	18,066	90.02
90.03	04952	UNDER THE RAINBOW	0	23,687	0	0	75,674	90.03
90.04	09002	SPASTICITY CLINIC	0	2,280	0	0	7,272	90.04
91.00	09100	EMERGENCY	81,786	418,349	104,876	0	806,112	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,762,780	3,745,821	1,931,357	0	4,847,565	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	232	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	4	0	0	0	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,763,016	3,745,821	1,931,357	0	4,847,565	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMIN TTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01 01851 OUTPATIENT ACCOUNTING						18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	8,800,981			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	4,566,278		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	6,172,118	3,202,326	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	342,895	177,907	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	0	228,597	118,605	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	114,298	59,302	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	1,142,985	593,023	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	114,298	59,302	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	114,298	59,302	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	114,298	59,302	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

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Part I
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	Cost Center Description	NONPHYSICIAN ANESTHETISTS 19.00	NURSING SCHOOL 20.00	INTERNS & RESIDENTS		PARAMED ED PRGM 23.00	
				SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00		
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	457,194	237,209	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0			0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	8,800,981	4,566,278	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	8,800,981	4,566,278	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
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Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	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	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)						18.00
18.01	01851	OUTPATIENT ACCOUNTING						18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000	NURSING SCHOOL						20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PASTORAL EDUCATION	30,445					23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	283,231				23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	12,788	194,297	59,078,655	-9,374,444	49,704,211	30.00
31.00	03100	INTENSIVE CARE UNIT	761	23,225	6,006,692	-520,802	5,485,890	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	913	2,832	7,745,873	-347,202	7,398,671	31.01
32.00	03200	CORONARY CARE UNIT	4,415	24,641	6,845,346	-173,600	6,671,746	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	6,135,607	0	6,135,607	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	2,000,904	0	2,000,904	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	18,167,634	-1,736,008	16,431,626	50.00
51.00	05100	RECOVERY ROOM	0	0	2,622,974	0	2,622,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	913	2,832	9,261,023	0	9,261,023	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,772,801	-173,600	3,599,201	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	12,108,802	0	12,108,802	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	1,646,389	0	1,646,389	55.00
56.00	05600	RADIOISOTOPE	0	0	1,244,018	0	1,244,018	56.00
57.00	05700	CT SCAN	0	0	2,830,796	0	2,830,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,119,840	0	1,119,840	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,023,230	0	2,023,230	59.00
60.00	06000	LABORATORY	0	0	17,069,297	0	17,069,297	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,976,570	0	2,976,570	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	3,506,050	0	3,506,050	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	421,429	0	421,429	65.01
66.00	06600	PHYSICAL THERAPY	0	0	1,026,328	0	1,026,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	866,688	0	866,688	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	673,782	0	673,782	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,654,352	-173,600	2,480,752	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	832,465	-173,600	658,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	7,625,189	0	7,625,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,700,696	0	8,700,696	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
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12/9/2013 11:19 am

Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,754,966	0	16,754,966	73.00
74.00	07400	RENAL DIALYSIS	0	0	4,172,319	0	4,172,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,674	0	1,294,052	0	1,294,052	90.01
90.02	04951	ENT	0	0	597,816	0	597,816	90.02
90.03	04952	UNDER THE RAINBOW	0	0	2,719,499	0	2,719,499	90.03
90.04	09002	SPASTICITY CLINIC	8,981	0	203,249	0	203,249	90.04
91.00	09100	EMERGENCY	0	35,404	15,464,707	-694,403	14,770,304	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,445	283,231	230,170,038	-13,367,259	216,802,779	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	1,134,554	0	1,134,554	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	13,319	0	13,319	192.00
192.01	19201	KLING OFFICE BLDG	0	0	2,290	0	2,290	192.01
192.02	19202	DAY PSYCH	0	0	29	0	29	192.02
192.03	19203	FAMILY PLANNING	0	0	811	0	811	192.03
192.04	19204	DEVELOPMENT	0	0	653,811	0	653,811	192.04
192.05	19205	DENTISTRY	0	0	61,819	0	61,819	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	7,058	0	7,058	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	30,445	283,231	232,043,729	-13,367,259	218,676,470	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
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	59,625	36,365	95,990	95,990 4.00
5.01 00510	NONPATIENT TELEPHONES	0	10,796	6,585	17,381	386 5.01
5.02 00520	DATA PROCESSING	0	85,062	51,878	136,940	2,126 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	150,466	91,768	242,234	263 5.03
5.04 00540	ADMITTING	0	27,100	16,528	43,628	1,292 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	42,722	26,055	68,777	77 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	753,122	459,322	1,212,444	5,825 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	391,829	238,972	630,801	0 6.00
7.00 00700	OPERATION OF PLANT	0	168,078	102,509	270,587	692 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	293,408	178,947	472,355	0 8.00
9.00 00900	HOUSEKEEPING	0	19,193	11,706	30,899	1,876 9.00
10.00 01000	DIETARY	0	65,950	40,222	106,172	1,001 10.00
11.00 01100	CAFETERIA	0	483,597	294,941	778,538	918 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	190,298	116,061	306,359	3,456 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	564,487	344,275	908,762	440 14.00
15.00 01500	PHARMACY	0	76,528	46,674	123,202	3,444 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	97,957	59,743	157,700	1,054 16.00
17.00 01700	SOCIAL SERVICE	0	57,716	35,201	92,917	752 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
18.01 01851	OUTPATIENT ACCOUNTING	0	119,059	72,613	191,672	262 18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	5,706 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	100,493	61,289	161,782	2,183 22.00
23.00 02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PASTORAL EDUCATION	0	0	0	0	12 23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM	0	2,481	1,513	3,994	162 23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	2,617,879	1,596,617	4,214,496	16,202 30.00
31.00 03100	INTENSIVE CARE UNIT	0	151,066	92,134	243,200	2,453 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	48,256	29,431	77,687	3,716 31.01
32.00 03200	CORONARY CARE UNIT	0	174,322	106,317	280,639	2,765 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	0	297,089	181,191	478,280	2,355 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	38,087	23,229	61,316	989 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	698,895	426,249	1,125,144	5,699 50.00
51.00 05100	RECOVERY ROOM	0	34,215	20,868	55,083	1,140 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	161,781	98,668	260,449	4,175 52.00
53.00 05300	ANESTHESIOLOGY	0	47,575	29,015	76,590	367 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	416,011	253,721	669,732	4,086 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	97,276	59,327	156,603	338 55.00
56.00 05600	RADIOISOTOPE	0	64,723	39,474	104,197	263 56.00
57.00 05700	CT SCAN	0	25,873	15,780	41,653	688 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	27,427	16,727	44,154	317 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	56,381	34,386	90,767	544 59.00
60.00 06000	LABORATORY	0	639,134	389,802	1,028,936	4,228 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	21,838	13,319	35,157	574 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	62,406	38,061	100,467	1,354 65.00
65.01 03560	PULMONARY FUNCTION TESTING	0	34,924	21,300	56,224	140 65.01
66.00 06600	PHYSICAL THERAPY	0	70,776	43,165	113,941	422 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	82,662	50,415	133,077	334 67.00
68.00 06800	SPEECH PATHOLOGY	0	18,893	11,523	30,416	206 68.00
69.00 06900	ELECTROCARDIOLOGY	0	101,392	61,838	163,230	682 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	33,779	20,602	54,381	249 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				2A
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	34,979	21,333	56,312	1,586	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	594	90.01	
90.02 04951 ENT	0	0	0	0	308	90.02	
90.03 04952 UNDER THE RAINBOW	0	190,871	116,410	307,281	1,010	90.03	
90.04 09002 SPASTICITY CLINIC	0	0	0	0	111	90.04	
91.00 09100 EMERGENCY	0	170,396	103,923	274,319	5,869	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	10,178,873	6,207,992	16,386,865	95,691	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	66,959	40,837	107,796	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01	
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02	
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03	
192.04 19204 DEVELOPMENT	0	25,573	15,597	41,170	299	192.04	
192.05 19205 DENTISTRY	0	15,377	9,378	24,755	0	192.05	
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06	
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
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)	0	10,286,782	6,273,804	16,560,586	95,990	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	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	00510	NONPATIENT TELEPHONES	17,767					5.01
5.02	00520	DATA PROCESSING	373	139,439				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	266	8,715	251,478			5.03
5.04	00540	ADMINISTRATIVE	120	7,262	430	52,732		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	453	24,694	203	0	94,204	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,731	11,620	5,691	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	280	0	134	0	0	6.00
7.00	00700	OPERATION OF PLANT	320	0	27,121	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13	0	11,470	0	0	8.00
9.00	00900	HOUSEKEEPING	93	0	11,355	0	0	9.00
10.00	01000	DIETARY	306	0	354	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	293	0	476	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13	0	8,173	0	0	14.00
15.00	01500	PHARMACY	160	5,810	2,400	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	266	7,262	177	0	0	16.00
17.00	01700	SOCIAL SERVICE	173	0	514	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	440	11,620	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	283	0	0	22.00
23.00	02300	PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,341	18,882	4,895	8,258	8,859	30.00
31.00	03100	INTENSIVE CARE UNIT	226	0	953	1,478	1,576	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	226	0	615	2,278	2,428	31.01
32.00	03200	CORONARY CARE UNIT	280	0	807	1,678	1,789	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	373	0	205	1,228	1,309	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	93	0	146	922	983	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,145	8,715	0	3,563	7,396	50.00
51.00	05100	RECOVERY ROOM	80	0	209	1,001	2,732	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	240	0	4,738	2,004	4,147	52.00
53.00	05300	ANESTHESIOLOGY	173	0	1,808	1,954	3,216	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	559	15,977	14,096	1,777	5,577	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	93	0	2,806	29	737	55.00
56.00	05600	RADIOISOTOPE	133	0	3,711	223	577	56.00
57.00	05700	CT SCAN	0	0	5,792	2,168	5,195	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	120	0	2,772	515	1,270	58.00
59.00	05900	CARDIAC CATHETERIZATION	107	0	14,489	1,656	2,230	59.00
60.00	06000	LABORATORY	1,039	18,882	23,007	4,041	10,016	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27	0	2,510	424	540	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	80	0	7,483	2,512	2,759	65.00
65.01	03560	PULMONARY FUNCTION TESTING	13	0	0	355	492	65.01
66.00	06600	PHYSICAL THERAPY	107	0	639	199	237	66.00
67.00	06700	OCCUPATIONAL THERAPY	80	0	9	240	267	67.00
68.00	06800	SPEECH PATHOLOGY	40	0	2,502	126	205	68.00
69.00	06900	ELECTROCARDIOLOGY	186	0	6,778	953	1,875	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	280	0	117	48	365	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	32,944	1,949	2,637	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	41,931	2,262	2,795	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	4,820	8,693	73.00
74.00	07400	RENAL DIALYSIS	67	0	4,143	144	1,903	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	698	3	430	90.01
90.02	04951 ENT	0	0	295	0	143	90.02
90.03	04952 UNDER THE RAINBOW	479	0	99	0	598	90.03
90.04	09002 SPASTICITY CLINIC	0	0	7	0	58	90.04
91.00	09100 EMERGENCY	426	0	0	3,924	10,170	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	17,313	139,439	249,985	52,732	94,204	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	253	0	1,492	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	67	0	0	0	0	192.04
192.05	19205 DENTISTRY	27	0	1	0	0	192.05
192.06	19206 OCCUPATIONAL HEALTH	107	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	17,767	139,439	251,478	52,732	94,204	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,237,311				5.06
6.00	00600	MAINTENANCE & REPAIRS	21,005	652,220			6.00
7.00	00700	OPERATION OF PLANT	37,997	12,506	349,223		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,122	21,830	11,917	527,707	8.00
9.00	00900	HOUSEKEEPING	24,569	1,428	780	0	71,000
10.00	01000	DIETARY	16,203	4,907	2,679	0	565
11.00	01100	CAFETERIA	12,737	35,981	19,642	0	4,144
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	35,691	14,159	7,729	0	1,631
14.00	01400	CENTRAL SERVICES & SUPPLY	10,724	41,999	22,928	0	4,837
15.00	01500	PHARMACY	28,028	5,694	3,108	0	656
16.00	01600	MEDICAL RECORDS & LIBRARY	18,676	7,288	3,979	0	839
17.00	01700	SOCIAL SERVICE	8,865	4,294	2,344	0	495
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	24,606	8,858	4,836	0	1,020
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	45,254	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	23,360	7,477	4,082	0	861
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	162	0	0	0	0
23.02	02302	PHARMACY RESIDENCY PROGRAM	1,441	185	101	0	21
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	191,306	194,777	106,327	250,858	22,433
31.00	03100	INTENSIVE CARE UNIT	23,157	11,240	6,136	20,532	1,295
31.01	02060	NEONATAL INTENSIVE CARE UNIT	33,004	3,590	1,960	2,929	414
32.00	03200	CORONARY CARE UNIT	26,834	12,970	7,080	24,046	1,494
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	22,805	22,104	12,067	18,292	2,546
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	8,850	2,834	1,547	0	326
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	70,134	52,000	28,387	39,307	5,989
51.00	05100	RECOVERY ROOM	10,654	2,546	1,390	11,968	293
52.00	05200	DELIVERY ROOM & LABOR ROOM	40,103	12,037	6,571	22,226	1,386
53.00	05300	ANESTHESIOLOGY	15,978	3,540	1,932	0	408
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,665	30,952	16,897	15,375	3,565
55.00	05500	RADIOLOGY-THERAPEUTIC	7,061	7,238	3,951	2,711	834
56.00	05600	RADIOISOTOPE	5,461	4,816	2,629	5,135	555
57.00	05700	CT SCAN	11,351	1,925	1,051	3,556	222
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,800	2,041	1,114	2,409	235
59.00	05900	CARDIAC CATHETERIZATION	8,837	4,195	2,290	5,932	483
60.00	06000	LABORATORY	77,596	47,553	25,960	0	5,477
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	15,362	1,625	887	0	187
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	16,812	4,643	2,535	0	535
65.01	03560	PULMONARY FUNCTION TESTING	1,694	2,598	1,419	0	299
66.00	06600	PHYSICAL THERAPY	4,633	5,266	2,875	0	606
67.00	06700	OCCUPATIONAL THERAPY	3,695	6,150	3,357	0	708
68.00	06800	SPEECH PATHOLOGY	3,279	1,406	767	0	162
69.00	06900	ELECTROCARDIOLOGY	11,026	7,544	4,118	2,445	869
70.00	07000	ELECTROENCEPHALOGRAPHY	2,747	2,513	1,372	2,264	289
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	36,333	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	41,227	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	57,580	0	0	0	0
74.00	07400	RENAL DIALYSIS	18,855	2,603	1,421	13,888	300

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	6,252	0	0	0	0	90.01
90.02	04951 ENT	2,901	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	11,830	14,201	7,753	0	1,636	90.03
90.04	09002 SPASTICITY CLINIC	954	0	0	0	0	90.04
91.00	09100 EMERGENCY	61,168	12,678	6,921	83,834	1,460	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,228,384	644,191	344,839	527,707	70,075	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	5,389	4,982	2,720	0	574	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	71	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	12	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	4	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	3,235	1,903	1,039	0	219	192.04
192.05	19205 DENTISTRY	178	1,144	625	0	132	192.05
192.06	19206 OCCUPATIONAL HEALTH	38	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	1,237,311	652,220	349,223	527,707	71,000	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	132,187					10.00
11.00	01100	CAFETERIA	0	851,960				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	26,616	0	396,410		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,187	0	0	1,008,063	14.00
15.00	01500	PHARMACY	0	31,399	0	0	79,699	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	16,225	0	0	2	16.00
17.00	01700	SOCIAL SERVICE	0	8,984	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01	01851	OUTPATIENT ACCOUNTING	0	3,455	0	0	0	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	81,565	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	2,187	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	92,999	193,405	0	152,164	107,878	30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,445	0	22,036	39,392	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	8,839	30,058	0	29,022	23,813	31.01
32.00	03200	CORONARY CARE UNIT	11,304	27,501	0	23,680	52,485	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	19,045	26,008	0	22,896	1,491	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	10,537	0	9,751	3,071	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	50,728	0	46,102	0	50.00
51.00	05100	RECOVERY ROOM	0	8,766	0	7,881	3,615	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	41,499	0	32,372	41,072	52.00
53.00	05300	ANESTHESIOLOGY	0	1,969	0	0	39,771	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,375	0	0	60,100	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	3,012	0	0	298	55.00
56.00	05600	RADIOISOTOPE	0	2,471	0	0	688	56.00
57.00	05700	CT SCAN	0	6,679	0	0	12,001	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,986	0	0	1,826	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,318	0	0	19,915	59.00
60.00	06000	LABORATORY	0	45,846	0	0	13,323	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,780	0	0	214	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	16,046	0	0	18,200	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	1,440	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	3,726	0	0	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,286	0	0	114	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,671	0	0	152	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,141	0	0	1,213	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,409	0	0	1,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	207,397	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	263,966	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	15,002	0	0	6,681	74.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	8,046	0	0	5,818	90.01
90.02	04951 ENT	0	5,754	0	0	1,321	90.02
90.03	04952 UNDER THE RAINBOW	0	12,783	0	0	3	90.03
90.04	09002 SPASTICITY CLINIC	0	641	0	0	1,099	90.04
91.00	09100 EMERGENCY	0	69,014	0	50,506	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	132,187	851,960	0	396,410	1,008,055	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	6	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202 DAY PSYCH	0	0	0	0	0	192.02
192.03	19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205 DENTISTRY	0	0	0	0	2	192.05
192.06	19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	132,187	851,960	0	396,410	1,008,063	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				18.00	18.01	
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 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	283,600					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	213,468				16.00
17.00 01700 SOCIAL SERVICE	6,286	0	125,624			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	0	246,769	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,396	20,000	78,046	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	1,263	3,558	3,592	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	899	5,482	4,285	0	0	31.01
32.00 03200 CORONARY CARE UNIT	1,093	4,039	8,302	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	141	2,956	13,265	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	3	2,220	394	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,193	16,699	0	0	23,187	50.00
51.00 05100 RECOVERY ROOM	216	6,168	0	0	10,731	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,126	9,364	2,017	0	12,960	52.00
53.00 05300 ANESTHESIOLOGY	5,639	7,261	0	0	7,302	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	196	12,590	0	0	23,727	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	1	1,663	0	0	4,545	55.00
56.00 05600 RADIOISOTOPE	47	1,302	0	0	2,183	56.00
57.00 05700 CT SCAN	289	11,728	0	0	18,581	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6	2,868	0	0	4,643	58.00
59.00 05900 CARDIAC CATHETERIZATION	379	5,034	0	0	2,989	59.00
60.00 06000 LABORATORY	61	22,613	0	0	36,777	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,218	0	0	565	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	40	6,230	0	0	525	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	1,110	0	0	730	65.01
66.00 06600 PHYSICAL THERAPY	0	534	0	0	156	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	602	0	0	70	67.00
68.00 06800 SPEECH PATHOLOGY	0	462	0	0	452	68.00
69.00 06900 ELECTROCARDIOLOGY	54	4,233	0	0	5,534	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	824	0	0	2,023	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,953	0	0	3,606	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,311	0	0	2,479	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE		
				(SPECIFY)	OUTPATIENT ACCOUNTING	
				15.00	16.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	254,049	19,627	0	0	22,909	73.00
74.00 07400 RENAL DIALYSIS	0	4,297	8,901	0	11,274	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	972	0	0	2,751	90.01
90.02 04951 ENT	187	322	0	0	920	90.02
90.03 04952 UNDER THE RAINBOW	0	1,351	0	0	3,854	90.03
90.04 09002 SPASTICITY CLINIC	0	130	0	0	370	90.04
91.00 09100 EMERGENCY	4,025	23,747	6,822	0	40,926	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	283,589	213,468	125,624	0	246,769	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	11	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	283,600	213,468	125,624	0	246,769	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
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 00510	NONPATIENT TELEPHONES					5.01
5.02 00520	DATA PROCESSING					5.02
5.03 00530	PURCHASING RECEIVING AND STORES					5.03
5.04 00540	ADMINISTRATIVE					5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01 01851	OUTPATIENT ACCOUNTING					18.01
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			132,525		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				200,028	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					23.00
23.01 02301	PASTORAL EDUCATION				0	23.01
23.02 02302	PHARMACY RESIDENCY PROGRAM					23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS					30.00
31.00 03100	INTENSIVE CARE UNIT					31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT					31.01
32.00 03200	CORONARY CARE UNIT					32.00
33.00 03300	BURN INTENSIVE CARE UNIT					33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT					34.00
40.00 04000	SUBPROVIDER - I PF					40.00
41.00 04100	SUBPROVIDER - I RF					41.00
42.00 04200	SUBPROVIDER					42.00
43.00 04300	NURSERY					43.00
44.00 04400	SKILLED NURSING FACILITY					44.00
45.00 04500	NURSING FACILITY					45.00
46.00 04600	OTHER LONG TERM CARE					46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM					50.00
51.00 05100	RECOVERY ROOM					51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM					52.00
53.00 05300	ANESTHESIOLOGY					53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC					54.00
55.00 05500	RADIOLOGY-THERAPEUTIC					55.00
56.00 05600	RADIOISOTOPE					56.00
57.00 05700	CT SCAN					57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)					58.00
59.00 05900	CARDIAC CATHETERIZATION					59.00
60.00 06000	LABORATORY					60.00
60.01 06001	BLOOD LABORATORY					60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS					62.00
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.					63.00
64.00 06400	INTRAVENOUS THERAPY					64.00
65.00 06500	RESPIRATORY THERAPY					65.00
65.01 03560	PULMONARY FUNCTION TESTING					65.01
66.00 06600	PHYSICAL THERAPY					66.00
67.00 06700	OCCUPATIONAL THERAPY					67.00
68.00 06800	SPEECH PATHOLOGY					68.00
69.00 06900	ELECTROCARDIOLOGY					69.00
70.00 07000	ELECTROENCEPHALOGRAPHY					70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS					71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS					72.00
73.00 07300	DRUGS CHARGED TO PATIENTS					73.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
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	Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
		19.00	20.00	21.00	22.00	23.00	
74.00	07400 RENAL DIALYSIS						74.00
75.00	07500 ASC (NON-DISTINCT PART)						75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC						88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER						89.00
90.00	09000 CLINIC						90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY						90.01
90.02	04951 ENT						90.02
90.03	04952 UNDER THE RAINBOW						90.03
90.04	09002 SPASTICITY CLINIC						90.04
91.00	09100 EMERGENCY						91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS						94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED						96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD						97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS						98.00
99.00	09900 CMHC						99.00
99.10	09910 CORF						99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00	10100 HOME HEALTH AGENCY						101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION						105.00
106.00	10600 HEART ACQUISITION						106.00
107.00	10700 LIVER ACQUISITION						107.00
108.00	10800 LUNG ACQUISITION						108.00
109.00	10900 PANCREAS ACQUISITION						109.00
110.00	11000 INTESTINAL ACQUISITION						110.00
111.00	11100 ISLET ACQUISITION						111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)						115.00
116.00	11600 HOSPICE						116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN						190.00
191.00	19100 RESEARCH						191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01	19201 KLING OFFICE BLDG						192.01
192.02	19202 DAY PSYCH						192.02
192.03	19203 FAMILY PLANNING						192.03
192.04	19204 DEVELOPMENT						192.04
192.05	19205 DENTISTRY						192.05
192.06	19206 OCCUPATIONAL HEALTH						192.06
192.07	19207 PHYSICIANS' PRIVATE OFFICES						192.07
193.00	19300 NONPAID WORKERS						193.00
200.00	Cross Foot Adjustments	0	0	132,525	200,028	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	0	132,525	200,028	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description		PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.02	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	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
18.01	01851	OUTPATIENT ACCOUNTING					18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)					23.00
23.01	02301	PASTORAL EDUCATION	174				23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM		8,091			23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		5,692,522	0	5,692,522	30.00
31.00	03100	INTENSIVE CARE UNIT		405,532	0	405,532	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		231,245	0	231,245	31.01
32.00	03200	CORONARY CARE UNIT		488,786	0	488,786	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF		647,366	0	647,366	40.00
41.00	04100	SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200	SUBPROVIDER		0	0	0	42.00
43.00	04300	NURSERY		103,982	0	103,982	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		1,486,388	0	1,486,388	50.00
51.00	05100	RECOVERY ROOM		124,473	0	124,473	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		498,486	0	498,486	52.00
53.00	05300	ANESTHESIOLOGY		167,908	0	167,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		968,246	0	968,246	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		191,920	0	191,920	55.00
56.00	05600	RADIOISOTOPE		134,391	0	134,391	56.00
57.00	05700	CT SCAN		122,879	0	122,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		72,076	0	72,076	58.00
59.00	05900	CARDIAC CATHETERIZATION		165,165	0	165,165	59.00
60.00	06000	LABORATORY		1,365,355	0	1,365,355	60.00
60.01	06001	BLOOD LABORATORY		0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		65,070	0	65,070	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY		0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY		180,221	0	180,221	65.00
65.01	03560	PULMONARY FUNCTION TESTING		66,514	0	66,514	65.01
66.00	06600	PHYSICAL THERAPY		133,377	0	133,377	66.00
67.00	06700	OCCUPATIONAL THERAPY		150,989	0	150,989	67.00
68.00	06800	SPEECH PATHOLOGY		41,846	0	41,846	68.00
69.00	06900	ELECTROCARDIOLOGY		217,881	0	217,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		72,282	0	72,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		290,819	0	290,819	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		360,971	0	360,971	72.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 12/9/2013 11:19 am			
Cost Center Description			PASTORAL EDUCATION	PHARMACY RESIDENCY PROGRAM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.02	24.00	25.00	26.00	
73.00	07300	DRUGS CHARGED TO PATIENTS			367,678	0	367,678	73.00
74.00	07400	RENAL DIALYSIS			147,377	0	147,377	74.00
75.00	07500	ASC (NON-DISTINCT PART)			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY			25,564	0	25,564	90.01
90.02	04951	ENT			12,151	0	12,151	90.02
90.03	04952	UNDER THE RAINBOW			362,878	0	362,878	90.03
90.04	09002	SPASTICITY CLINIC			3,370	0	3,370	90.04
91.00	09100	EMERGENCY			655,809	0	655,809	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD			0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS			0	0	0	98.00
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION			0	0	0	105.00
106.00	10600	HEART ACQUISITION			0	0	0	106.00
107.00	10700	LIVER ACQUISITION			0	0	0	107.00
108.00	10800	LUNG ACQUISITION			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION			0	0	0	110.00
111.00	11100	ISLET ACQUISITION			0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			0	0	0	115.00
116.00	11600	HOSPICE			0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	16,021,517	0	16,021,517	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			0	0	0	190.00
191.00	19100	RESEARCH			123,223	0	123,223	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			71	0	71	192.00
192.01	19201	KLING OFFICE BLDG			12	0	12	192.01
192.02	19202	DAY PSYCH			0	0	0	192.02
192.03	19203	FAMILY PLANNING			4	0	4	192.03
192.04	19204	DEVELOPMENT			47,932	0	47,932	192.04
192.05	19205	DENTISTRY			26,864	0	26,864	192.05
192.06	19206	OCCUPATIONAL HEALTH			145	0	145	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES			0	0	0	192.07
193.00	19300	NONPAID WORKERS			0	0	0	193.00
200.00		Cross Foot Adjustments	174	8,091	340,818	0	340,818	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	174	8,091	16,560,586	0	16,560,586	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT	377,312					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		377,312				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,187	2,187	102,693,197			4.00
5.01 00510 NONPATIENT TELEPHONES	396	396	412,456	1,334		5.01
5.02 00520 DATA PROCESSING	3,120	3,120	2,274,274	28	960	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	5,519	5,519	281,118	20	60	5.03
5.04 00540 ADMINISTRATION	994	994	1,382,157	9	50	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,567	1,567	82,714	34	170	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	27,624	27,624	6,230,416	130	80	5.06
6.00 00600 MAINTENANCE & REPAIRS	14,372	14,372	73	21	0	6.00
7.00 00700 OPERATION OF PLANT	6,165	6,165	740,304	24	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	10,762	10,762	0	1	0	8.00
9.00 00900 HOUSEKEEPING	704	704	2,006,848	7	0	9.00
10.00 01000 DIETARY	2,419	2,419	1,070,835	23	0	10.00
11.00 01100 CAFETERIA	17,738	17,738	981,465	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	6,980	6,980	3,696,743	22	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	20,705	20,705	470,541	1	0	14.00
15.00 01500 PHARMACY	2,807	2,807	3,683,376	12	40	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,593	3,593	1,126,756	20	50	16.00
17.00 01700 SOCIAL SERVICE	2,117	2,117	804,019	13	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
18.01 01851 OUTPATIENT ACCOUNTING	4,367	4,367	280,194	33	80	18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,102,444	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,686	3,686	2,334,900	0	0	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PASTORAL EDUCATION	0	0	13,231	0	0	23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	91	91	172,951	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	96,022	96,022	17,355,647	401	130	30.00
31.00 03100 INTENSIVE CARE UNIT	5,541	5,541	2,623,888	17	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,770	1,770	3,974,592	17	0	31.01
32.00 03200 CORONARY CARE UNIT	6,394	6,394	2,957,427	21	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	10,897	10,897	2,518,895	28	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,397	1,397	1,057,626	7	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	25,635	25,635	6,095,591	86	60	50.00
51.00 05100 RECOVERY ROOM	1,255	1,255	1,219,727	6	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	5,934	5,934	4,464,891	18	0	52.00
53.00 05300 ANESTHESIOLOGY	1,745	1,745	392,485	13	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,259	15,259	4,369,871	42	110	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,568	3,568	361,566	7	0	55.00
56.00 05600 RADIOISOTOPE	2,374	2,374	281,770	10	0	56.00
57.00 05700 CT SCAN	949	949	735,585	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,006	1,006	338,910	9	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,068	2,068	581,517	8	0	59.00
60.00 06000 LABORATORY	23,443	23,443	4,521,396	78	130	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	801	801	614,246	2	0	62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,289	2,289	1,448,619	6	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	1,281	1,281	149,303	1	0	65.01
66.00 06600 PHYSICAL THERAPY	2,596	2,596	451,565	8	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	3,032	3,032	357,498	6	0	67.00
68.00 06800 SPEECH PATHOLOGY	693	693	219,980	3	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,719	3,719	729,231	14	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,239	1,239	266,279	21	0	70.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (ASSIGNED TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,283	1,283	1,695,910	5	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	635,747	0	90.01
90.02	04951	ENT	0	0	329,688	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	1,080,265	36	90.03
90.04	09002	SPASTICITY CLINIC	0	0	119,235	0	90.04
91.00	09100	EMERGENCY	6,250	6,250	6,276,592	32	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATI ON REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	373,354	373,354	102,373,357	1,300	960 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	19	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	319,840	5	192.04
192.05	19205	DENTISTRY	564	564	0	2	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	8	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	10,286,782	6,273,804	17,368,113	989,327	6,444,714 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.263331	16.627629	0.169126	741.624438	6,713.243750 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			95,990	17,767	139,439 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000935	13.318591	145.248958 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	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	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES	19,895,296				5.03
5.04	00540	ADMITTING	34,032	579,849,771			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	16,087	0	975,135,275		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	450,274	0	0	-36,974,220	195,069,509
6.00	00600	MAINTENANCE & REPAIRS	10,574	0	0	0	3,311,480
7.00	00700	OPERATION OF PLANT	2,145,661	0	0	0	5,990,395
8.00	00800	LAUNDRY & LINEN SERVICE	907,434	0	0	0	1,595,740
9.00	00900	HOUSEKEEPING	898,336	0	0	0	3,873,327
10.00	01000	DIETARY	28,005	0	0	0	2,554,524
11.00	01100	CAFETERIA	0	0	0	0	2,007,992
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	37,688	0	0	0	5,626,795
14.00	01400	CENTRAL SERVICES & SUPPLY	646,633	0	0	0	1,690,652
15.00	01500	PHARMACY	189,867	0	0	0	4,418,771
16.00	01600	MEDICAL RECORDS & LIBRARY	13,975	0	0	0	2,944,403
17.00	01700	SOCIAL SERVICE	40,678	0	0	0	1,397,576
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
18.01	01851	OUTPATIENT ACCOUNTING	0	0	0	0	3,879,195
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	7,134,526
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22,365	0	0	0	3,682,729
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PASTORAL EDUCATION	0	0	0	0	25,594
23.02	02302	PHARMACY RESIDENCY PROGRAM	0	0	0	0	227,170
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	387,278	91,105,710	91,326,270	0	30,162,436
31.00	03100	INTENSIVE CARE UNIT	75,387	16,240,187	16,246,012	0	3,650,779
31.01	02060	NEONATAL INTENSIVE CARE UNIT	48,668	25,033,131	25,033,240	0	5,203,259
32.00	03200	CORONARY CARE UNIT	63,867	18,440,786	18,443,684	0	4,230,489
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	16,223	13,496,530	13,496,530	0	3,595,280
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	11,526	10,135,450	10,135,450	0	1,395,269
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	39,150,543	76,249,014	0	11,056,929
51.00	05100	RECOVERY ROOM	16,525	10,995,842	28,165,374	0	1,679,635
52.00	05200	DELIVERY ROOM & LABOR ROOM	374,874	22,020,373	42,756,877	0	6,322,347
53.00	05300	ANESTHESIOLOGY	143,066	21,473,945	33,157,380	0	2,519,015
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,115,177	19,526,800	57,490,511	0	8,618,196
55.00	05500	RADIOLOGY-THERAPEUTIC	221,994	321,891	7,593,808	0	1,113,193
56.00	05600	RADIOISOTOPE	293,580	2,453,565	5,946,551	0	860,923
57.00	05700	CT SCAN	458,200	23,824,332	53,554,071	0	1,789,575
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	219,292	5,664,749	13,093,786	0	756,708
59.00	05900	CARDIAC CATHETERIZATION	1,146,308	18,202,908	22,984,727	0	1,393,245
60.00	06000	LABORATORY	1,820,179	44,410,192	103,254,184	0	12,233,334
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	198,575	4,659,783	5,563,211	0	2,421,838
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	592,001	27,605,938	28,446,724	0	2,650,446
65.01	03560	PULMONARY FUNCTION TESTING	0	3,899,857	5,067,804	0	267,005
66.00	06600	PHYSICAL THERAPY	50,528	2,189,180	2,438,685	0	730,354
67.00	06700	OCCUPATIONAL THERAPY	743	2,639,723	2,750,991	0	582,581
68.00	06800	SPEECH PATHOLOGY	197,926	1,385,301	2,108,718	0	517,025
69.00	06900	ELECTROCARDIOLOGY	536,197	10,473,487	19,327,645	0	1,738,332
70.00	07000	ELECTROENCEPHALOGRAPHY	9,224	523,616	3,760,634	0	433,064
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,606,343	21,413,420	27,182,755	0	5,728,044
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,317,163	24,852,605	28,819,561	0	6,499,613
73.00	07300	DRUGS CHARGED TO PATIENTS	0	52,966,518	89,620,674	0	9,077,785

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUP COST)	ADMITTING (INP REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REV)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
74.00	07400	RENAL DIALYSIS	327,747	1,581,693	19,619,546	0	2,972,594	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	55,237	35,686	4,436,836	0	985,665	90.01
90.02	04951	ENT	23,352	0	1,472,229	0	457,393	90.02
90.03	04952	UNDER THE RAINBOW	7,813	0	6,166,929	0	1,865,040	90.03
90.04	09002	SPASTICITY CLINIC	573	964	593,562	0	150,374	90.04
91.00	09100	EMERGENCY	0	43,125,066	108,831,302	0	9,643,419	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,777,175	579,849,771	975,135,275	-36,974,220	193,662,053	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	118,067	0	0	0	849,651	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	11,197	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	1,925	192.01
192.02	19202	DAY PSYCH	0	0	0	0	24	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	682	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	509,946	192.04
192.05	19205	DENTISTRY	54	0	0	0	28,098	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	5,933	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,079,522	2,323,263	3,627,702		36,974,220	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.054260	0.004007	0.003720		0.189544	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	251,478	52,732	94,204		1,237,311	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.012640	0.000091	0.000097		0.006343	205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet B-1	
Date/Time Prepared: 12/9/2013 11:19 am							
Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	321,533					6.00
7.00	00700	6,165	315,368				7.00
8.00	00800	10,762	10,762	1,032,368			8.00
9.00	00900	704	704	0	303,902		9.00
10.00	01000	2,419	2,419	0	2,419	169,678	10.00
11.00	01100	17,738	17,738	0	17,738	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	6,980	6,980	0	6,980	0	13.00
14.00	01400	20,705	20,705	0	20,705	0	14.00
15.00	01500	2,807	2,807	0	2,807	0	15.00
16.00	01600	3,593	3,593	0	3,593	0	16.00
17.00	01700	2,117	2,117	0	2,117	0	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	4,367	4,367	0	4,367	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	3,686	3,686	0	3,686	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	91	91	0	91	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	96,022	96,022	490,760	96,022	119,375	30.00
31.00	03100	5,541	5,541	40,167	5,541	0	31.00
31.01	02060	1,770	1,770	5,730	1,770	11,346	31.01
32.00	03200	6,394	6,394	47,042	6,394	14,510	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	10,897	10,897	35,785	10,897	24,447	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,397	1,397	0	1,397	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	25,635	25,635	76,898	25,635	0	50.00
51.00	05100	1,255	1,255	23,414	1,255	0	51.00
52.00	05200	5,934	5,934	43,482	5,934	0	52.00
53.00	05300	1,745	1,745	0	1,745	0	53.00
54.00	05400	15,259	15,259	30,078	15,259	0	54.00
55.00	05500	3,568	3,568	5,304	3,568	0	55.00
56.00	05600	2,374	2,374	10,046	2,374	0	56.00
57.00	05700	949	949	6,956	949	0	57.00
58.00	05800	1,006	1,006	4,713	1,006	0	58.00
59.00	05900	2,068	2,068	11,604	2,068	0	59.00
60.00	06000	23,443	23,443	0	23,443	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	801	801	0	801	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,289	2,289	0	2,289	0	65.00
65.01	03560	1,281	1,281	0	1,281	0	65.01
66.00	06600	2,596	2,596	0	2,596	0	66.00
67.00	06700	3,032	3,032	0	3,032	0	67.00
68.00	06800	693	693	0	693	0	68.00
69.00	06900	3,719	3,719	4,784	3,719	0	69.00
70.00	07000	1,239	1,239	4,430	1,239	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
74.00	07400	RENAL DIALYSIS	1,283	1,283	27,169	1,283	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	0	0	0	90.01
90.02	04951	ENT	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	7,001	7,001	0	7,001	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	6,250	6,250	164,006	6,250	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	317,575	311,410	1,032,368	299,944	169,678	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	2,456	2,456	0	2,456	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	938	938	0	938	0	192.04
192.05	19205	DENTISTRY	564	564	0	564	0	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,939,151	7,201,366	2,275,798	4,632,194	3,160,463	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.251156	22.834803	2.204445	15.242394	18.626239	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	652,220	349,223	527,707	71,000	132,187	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.028470	1.107351	0.511162	0.233628	0.779046	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	128,966					11.00
12.00	01200	0	0				12.00
13.00	01300	4,029	0	1,348,433			13.00
14.00	01400	1,542	0	0	7,467,778		14.00
15.00	01500	4,753	0	0	590,418	10,022,516	15.00
16.00	01600	2,456	0	0	15	0	16.00
17.00	01700	1,360	0	0	0	222,138	17.00
18.00	01850	0	0	0	0	0	18.00
18.01	01851	523	0	0	0	0	18.01
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	12,347	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	331	0	0	0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	29,277	0	517,601	799,168	190,714	30.00
31.00	03100	3,549	0	74,959	291,819	44,620	31.00
31.01	02060	4,550	0	98,723	176,411	31,756	31.01
32.00	03200	4,163	0	80,551	388,813	38,627	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	3,937	0	77,882	11,049	4,993	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	1,595	0	33,169	22,751	116	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,679	0	156,820	0	77,487	50.00
51.00	05100	1,327	0	26,808	26,783	7,620	51.00
52.00	05200	6,282	0	110,118	304,262	39,804	52.00
53.00	05300	298	0	0	294,626	199,283	53.00
54.00	05400	5,809	0	0	445,227	6,910	54.00
55.00	05500	456	0	0	2,210	24	55.00
56.00	05600	374	0	0	5,099	1,664	56.00
57.00	05700	1,011	0	0	88,907	10,207	57.00
58.00	05800	452	0	0	13,530	216	58.00
59.00	05900	805	0	0	147,533	13,406	59.00
60.00	06000	6,940	0	0	98,701	2,155	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100						61.00
62.00	06200	875	0	0	1,587	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,429	0	0	134,824	1,415	65.00
65.01	03560	218	0	0	0	0	65.01
66.00	06600	564	0	0	264	0	66.00
67.00	06700	346	0	0	848	0	67.00
68.00	06800	253	0	0	1,125	0	68.00
69.00	06900	1,081	0	0	8,985	1,916	69.00
70.00	07000	516	0	0	10,382	0	70.00
71.00	07100	0	0	0	1,536,411	0	71.00
72.00	07200	0	0	0	1,955,432	0	72.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			CAFETERIA (FTES)	MAINTENANCE OF PERSONNEL (BLANK)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (PHARM REQ)	
			11.00	12.00	13.00	14.00	15.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	8,978,201	73.00
74.00	07400	RENAL DIALYSIS	2,271	0	0	49,491	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,218	0	0	43,098	0	90.01
90.02	04951	ENT	871	0	0	9,783	6,599	90.02
90.03	04952	UNDER THE RAINBOW	1,935	0	0	24	0	90.03
90.04	09002	SPASTICITY CLINIC	97	0	0	8,143	0	90.04
91.00	09100	EMERGENCY	10,447	0	171,802	0	142,234	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	128,966	0	1,348,433	7,467,719	10,022,105	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	46	404	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02	19202	DAY PSYCH	0	0	0	0	0	192.02
192.03	19203	FAMILY PLANNING	0	0	0	0	0	192.03
192.04	19204	DEVELOPMENT	0	0	0	0	0	192.04
192.05	19205	DENTISTRY	0	0	0	13	7	192.05
192.06	19206	OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,281,320	0	7,147,123	3,092,388	5,763,016	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.443295	0.000000	5.300317	0.414097	0.575007	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	851,960	0	396,410	1,008,063	283,600	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.606082	0.000000	0.293978	0.134988	0.028296	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)	19.00
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)		
			18.00	18.01		
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 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	975,135,275					16.00
17.00 01700 SOCIAL SERVICE	0	7,974				17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0			18.00
18.01 01851 OUTPATIENT ACCOUNTING	0	0	0	395,056,113		18.01
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0		23.00
23.01 02301 PASTORAL EDUCATION	0	0	0	0		23.01
23.02 02302 PHARMACY RESIDENCY PROGRAM	0	0	0	0		23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	91,326,270	4,954	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	16,246,012	228	0	0		31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	25,033,240	272	0	0		31.01
32.00 03200 CORONARY CARE UNIT	18,443,684	527	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		34.00
40.00 04000 SUBPROVIDER - I/PF	13,496,530	842	0	0		40.00
41.00 04100 SUBPROVIDER - I/RF	0	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0	0		42.00
43.00 04300 NURSERY	10,135,450	25	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	76,249,014	0	0	37,098,471	0	50.00
51.00 05100 RECOVERY ROOM	28,165,374	0	0	17,169,532	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	42,756,877	128	0	20,736,504	0	52.00
53.00 05300 ANESTHESIOLOGY	33,157,380	0	0	11,683,435	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	57,490,511	0	0	37,963,711	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	7,593,808	0	0	7,271,917	0	55.00
56.00 05600 RADIO SOTOPE	5,946,551	0	0	3,492,986	0	56.00
57.00 05700 CT SCAN	53,554,071	0	0	29,729,739	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,093,786	0	0	7,429,037	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	22,984,727	0	0	4,781,819	0	59.00
60.00 06000 LABORATORY	103,254,184	0	0	58,843,992	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,563,211	0	0	903,428	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	28,446,724	0	0	840,683	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	5,067,804	0	0	1,167,947	0	65.01
66.00 06600 PHYSICAL THERAPY	2,438,685	0	0	249,505	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	2,750,991	0	0	111,268	0	67.00
68.00 06800 SPEECH PATHOLOGY	2,108,718	0	0	723,417	0	68.00
69.00 06900 ELECTROCARDIOLOGY	19,327,645	0	0	8,854,159	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,760,634	0	0	3,237,018	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	27,182,755	0	0	5,769,438	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (TOTAL REV)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE		NONPHYSICIAN ANESTHETISTS (BLANK)		
			(SPECIFY) (BLANK)	OUTPATIENT ACCOUNTING (O/P REVENUE)			
			16.00	17.00			18.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	28,819,561	0	0	0	3,966,956	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	89,620,674	0	0	0	36,654,156	0	73.00
74.00 07400 RENAL DIALYSIS	19,619,546	565	0	0	18,037,853	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	4,436,836	0	0	0	4,401,150	0	90.01
90.02 04951 ENT	1,472,229	0	0	0	1,472,229	0	90.02
90.03 04952 UNDER THE RAINBOW	6,166,929	0	0	0	6,166,929	0	90.03
90.04 09002 SPASTICITY CLINIC	593,562	0	0	0	592,598	0	90.04
91.00 09100 EMERGENCY	108,831,302	433	0	0	65,706,236	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	975,135,275	7,974	0	0	395,056,113	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments							200.00
201.00 Negative Cost Centers							201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,745,821	1,931,357	0	0	4,847,565	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.003841	242.206797	0.000000	0.012271	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	213,468	125,624	0	0	246,769	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000219	15.754201	0.000000	0.000625	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALARY & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
2.00 00200						2.00
4.00 00400						4.00
5.01 00510						5.01
5.02 00520						5.02
5.03 00530						5.03
5.04 00540						5.04
5.05 00550						5.05
5.06 00560						5.06
6.00 00600						6.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
12.00 01200						12.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
18.00 01850						18.00
18.01 01851						18.01
19.00 01900						19.00
20.00 02000	0					20.00
21.00 02100		7,700				21.00
22.00 02200			7,700			22.00
23.00 02300				0		23.00
23.01 02301				0	10,000	23.01
23.02 02302				0	0	23.02
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	0	5,400	5,400	0	4,200	30.00
31.00 03100	0	300	300	0	250	31.00
31.01 02060	0	200	200	0	300	31.01
32.00 03200	0	100	100	0	1,450	32.00
33.00 03300	0	0	0	0	0	33.00
34.00 03400	0	0	0	0	0	34.00
40.00 04000	0	0	0	0	0	40.00
41.00 04100	0	0	0	0	0	41.00
42.00 04200	0	0	0	0	0	42.00
43.00 04300	0	0	0	0	0	43.00
44.00 04400	0	0	0	0	0	44.00
45.00 04500	0	0	0	0	0	45.00
46.00 04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	1,000	1,000	0	0	50.00
51.00 05100	0	0	0	0	0	51.00
52.00 05200	0	0	0	0	300	52.00
53.00 05300	0	100	100	0	0	53.00
54.00 05400	0	0	0	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
56.00 05600	0	0	0	0	0	56.00
57.00 05700	0	0	0	0	0	57.00
58.00 05800	0	0	0	0	0	58.00
59.00 05900	0	0	0	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
60.01 06001	0	0	0	0	0	60.01
61.00 06100	0	0	0	0	0	61.00
62.00 06200	0	0	0	0	0	62.00
63.00 06300	0	0	0	0	0	63.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
65.01 03560	0	0	0	0	0	65.01
66.00 06600	0	0	0	0	0	66.00
67.00 06700	0	0	0	0	0	67.00
68.00 06800	0	0	0	0	0	68.00
69.00 06900	0	100	100	0	0	69.00
70.00 07000	0	100	100	0	0	70.00
71.00 07100	0	0	0	0	0	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description	NURSING SCHOOL (BLANK)	INTERNS & RESIDENTS		PARAMED ED PRGM (BLANK)	PASTORAL EDUCATION (PASTORAL TIME SPENT)	
		SERVICES-SALAR Y & FRINGES (I/R TIME)	SERVICES-OTHER PRGM COSTS (I/R TIME)			
		20.00	21.00			
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	0	550	90.01
90.02 04951 ENT	0	0	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	0	2,950	90.04
91.00 09100 EMERGENCY	0	400	400	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,700	7,700	0	10,000	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 KLING OFFICE BLDG	0	0	0	0	0	192.01
192.02 19202 DAY PSYCH	0	0	0	0	0	192.02
192.03 19203 FAMILY PLANNING	0	0	0	0	0	192.03
192.04 19204 DEVELOPMENT	0	0	0	0	0	192.04
192.05 19205 DENTISTRY	0	0	0	0	0	192.05
192.06 19206 OCCUPATIONAL HEALTH	0	0	0	0	0	192.06
192.07 19207 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.07
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	8,800,981	4,566,278	0	30,445	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,142.984545	593.023117	0.000000	3.044500	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	132,525	200,028	0	174	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	17.211039	25.977662	0.000000	0.017400	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARMACY RESID TIME SPENT)	
		23.02	
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	00510	NONPATIENT TELEPHONES	5.01
5.02	00520	DATA PROCESSING	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	5.03
5.04	00540	ADMITTING	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5.06
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	12.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
18.01	01851	OUTPATIENT ACCOUNTING	18.01
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
23.01	02301	PASTORAL EDUCATION	23.01
23.02	02302	PHARMACY RESIDENCY PROGRAM	23.02
		10,000	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	31.01
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - I PF	40.00
41.00	04100	SUBPROVIDER - I RF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	03560	PULMONARY FUNCTION TESTING	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		PHARMACY RESIDENCY PROGRAM (PHARMACY RESID TIME SPENT)	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0
74.00	07400	RENAL DIALYSIS	0
75.00	07500	ASC (NON-DISTINCT PART)	0
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0
90.00	09000	CLINIC	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	0
90.02	04951	ENT	0
90.03	04952	UNDER THE RAINBOW	0
90.04	09002	SPASTICITY CLINIC	0
91.00	09100	EMERGENCY	1,250
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	0
95.00	09500	AMBULANCE SERVICES	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0
99.00	09900	CMHC	0
99.10	09910	CORF	0
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0
101.00	10100	HOME HEALTH AGENCY	0
SPECIAL PURPOSE COST CENTERS			
105.00	10500	KIDNEY ACQUISITION	0
106.00	10600	HEART ACQUISITION	0
107.00	10700	LIVER ACQUISITION	0
108.00	10800	LUNG ACQUISITION	0
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
113.00	11300	INTEREST EXPENSE	0
114.00	11400	UTILIZATION REVIEW-SNF	0
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0
116.00	11600	HOSPICE	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,000
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
191.00	19100	RESEARCH	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	KLING OFFICE BLDG	0
192.02	19202	DAY PSYCH	0
192.03	19203	FAMILY PLANNING	0
192.04	19204	DEVELOPMENT	0
192.05	19205	DENTISTRY	0
192.06	19206	OCCUPATIONAL HEALTH	0
192.07	19207	PHYSICIANS' PRIVATE OFFICES	0
193.00	19300	NONPAID WORKERS	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	283,231
203.00		Unit cost multiplier (Wkst. B, Part I)	28.323100
204.00		Cost to be allocated (per Wkst. B, Part II)	8,091
205.00		Unit cost multiplier (Wkst. B, Part II)	0.809100

Provider CCN: 140018

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet B-2
 Date/Time Prepared:
 12/9/2013 11:19 am

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am				
			Title XVIII	Hospital	PPS				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs						
			Total Costs	RCE Disallowance	Total Costs				
	1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	49,704,211			49,704,211	516,886	50,221,097	30.00
31.00	03100	INTENSIVE CARE UNIT	5,485,890			5,485,890	0	5,485,890	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	7,398,671			7,398,671	0	7,398,671	31.01
32.00	03200	CORONARY CARE UNIT	6,671,746			6,671,746	0	6,671,746	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0			0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0			0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	6,135,607			6,135,607	58,098	6,193,705	40.00
41.00	04100	SUBPROVIDER - IRF	0			0	0	0	41.00
42.00	04200	SUBPROVIDER	0			0	0	0	42.00
43.00	04300	NURSERY	2,000,904			2,000,904	0	2,000,904	43.00
44.00	04400	SKILLED NURSING FACILITY	0			0	0	0	44.00
45.00	04500	NURSING FACILITY	0			0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0			0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,431,626			16,431,626	619,233	17,050,859	50.00
51.00	05100	RECOVERY ROOM	2,622,974			2,622,974	0	2,622,974	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,261,023			9,261,023	0	9,261,023	52.00
53.00	05300	ANESTHESIOLOGY	3,599,201			3,599,201	117,228	3,716,429	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,108,802			12,108,802	210,895	12,319,697	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	1,646,389			1,646,389	0	1,646,389	55.00
56.00	05600	RADIOISOTOPE	1,244,018			1,244,018	0	1,244,018	56.00
57.00	05700	CT SCAN	2,830,796			2,830,796	0	2,830,796	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,119,840			1,119,840	0	1,119,840	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,023,230			2,023,230	0	2,023,230	59.00
60.00	06000	LABORATORY	17,069,297			17,069,297	58,767	17,128,064	60.00
60.01	06001	BLOOD LABORATORY	0			0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0			0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,976,570			2,976,570	0	2,976,570	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0			0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0			0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,506,050	0		3,506,050	0	3,506,050	65.00
65.01	03560	PULMONARY FUNCTION TESTING	421,429	0		421,429	0	421,429	65.01
66.00	06600	PHYSICAL THERAPY	1,026,328	0		1,026,328	0	1,026,328	66.00
67.00	06700	OCCUPATIONAL THERAPY	866,688	0		866,688	0	866,688	67.00
68.00	06800	SPEECH PATHOLOGY	673,782	0		673,782	0	673,782	68.00
69.00	06900	ELECTROCARDIOLOGY	2,480,752			2,480,752	34,344	2,515,096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	658,865			658,865	0	658,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,625,189			7,625,189	0	7,625,189	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	8,700,696			8,700,696	0	8,700,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,754,966			16,754,966	0	16,754,966	73.00
74.00	07400	RENAL DIALYSIS	4,172,319			4,172,319	0	4,172,319	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0			0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0			0	0	0	89.00
90.00	09000	CLINIC	0			0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,294,052			1,294,052	0	1,294,052	90.01
90.02	04951	ENT	597,816			597,816	0	597,816	90.02
90.03	04952	UNDER THE RAINBOW	2,719,499			2,719,499	0	2,719,499	90.03
90.04	09002	SPASTICITY CLINIC	203,249			203,249	0	203,249	90.04
91.00	09100	EMERGENCY	14,770,304			14,770,304	168,087	14,938,391	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,309,313			2,309,313	0	2,309,313	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0			0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0			0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0			0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0			0	0	0	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0			0	0	0	98.00
99.00	09900	CMHC	0			0	0	0	99.00
99.10	09910	CORF	0			0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0			0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0			0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0			0	0	0	105.00
106.00	10600	HEART ACQUISITION	0			0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0			0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0			0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0			0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0			0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Dis allowance		
1.00	2.00	3.00	4.00	5.00			
111.00	11100	ISLET ACQUISITION	0	0		0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	115.00
116.00	11600	HOSPICE	0	0		0	116.00
200.00		Subtotal (see instructions)	219,112,092	0	219,112,092	1,783,538	220,895,630
201.00		Less Observation Beds	2,309,313		2,309,313		2,309,313
202.00		Total (see instructions)	216,802,779	0	216,802,779	1,783,538	218,586,317

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,105,710		91,105,710			30.00
31.00	03100	INTENSIVE CARE UNIT	16,240,187		16,240,187			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	25,033,131		25,033,131			31.01
32.00	03200	CORONARY CARE UNIT	18,440,786		18,440,786			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	13,496,530		13,496,530			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,135,450		10,135,450			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,150,543	37,098,471	76,249,014	0.215500	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,995,842	17,169,532	28,165,374	0.093128	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,020,373	20,736,504	42,756,877	0.216597	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	21,473,945	11,683,435	33,157,380	0.108549	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,526,800	37,963,711	57,490,511	0.210623	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	321,891	7,271,917	7,593,808	0.216807	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,453,565	3,492,986	5,946,551	0.209200	0.000000	56.00
57.00	05700	CT SCAN	23,824,332	29,729,739	53,554,071	0.052859	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,664,749	7,429,037	13,093,786	0.085525	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,202,908	4,781,819	22,984,727	0.088025	0.000000	59.00
60.00	06000	LABORATORY	44,410,192	58,843,992	103,254,184	0.165313	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,659,783	903,428	5,563,211	0.535045	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	27,605,938	840,683	28,446,621	0.123250	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,899,857	1,167,947	5,067,804	0.083158	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,189,180	249,505	2,438,685	0.420853	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,639,723	111,268	2,750,991	0.315046	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,385,301	723,417	2,108,718	0.319522	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,473,487	8,854,159	19,327,646	0.128353	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,616	3,237,018	3,760,634	0.175201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,413,420	5,769,438	27,182,858	0.280515	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,852,602	3,966,956	28,819,558	0.301902	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,966,518	36,654,156	89,620,674	0.186954	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,581,693	18,037,853	19,619,546	0.212661	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	35,686	4,401,150	4,436,836	0.291661	0.000000	90.01
90.02	04951	ENT	0	1,472,229	1,472,229	0.406062	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	6,166,929	6,166,929	0.440981	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	593,562	593,562	0.342423	0.000000	90.04
91.00	09100	EMERGENCY	43,125,066	65,706,236	108,831,302	0.135717	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,717,805	3,717,805	0.621150	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0			105.00
106.00	10600	HEART ACQUISITION	0	0	0			106.00
107.00	10700	LIVER ACQUISITION	0	0	0			107.00
108.00	10800	LUNG ACQUISITION	0	0	0			108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			Title XVIII			Hospital	PPS
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
200.00		Subtotal (see instructions)	579,848,804	398,774,882	978,623,686		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	579,848,804	398,774,882	978,623,686		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.223621		50.00
51.00	05100 RECOVERY ROOM	0.093128		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.216597		52.00
53.00	05300 ANESTHESIOLOGY	0.112085		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.214291		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.216807		55.00
56.00	05600 RADIOISOTOPE	0.209200		56.00
57.00	05700 CT SCAN	0.052859		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085525		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088025		59.00
60.00	06000 LABORATORY	0.165883		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.535045		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.123250		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.083158		65.01
66.00	06600 PHYSICAL THERAPY	0.420853		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.315046		67.00
68.00	06800 SPEECH PATHOLOGY	0.319522		68.00
69.00	06900 ELECTROCARDIOLOGY	0.130129		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175201		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280515		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301902		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186954		73.00
74.00	07400 RENAL DIALYSIS	0.212661		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.291661		90.01
90.02	04951 ENT	0.406062		90.02
90.03	04952 UNDER THE RAINBOW	0.440981		90.03
90.04	09002 SPASTICITY CLINIC	0.342423		90.04
91.00	09100 EMERGENCY	0.137262		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.621150		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
115.00	11500	11.00		115.00
116.00	11600			116.00
200.00				200.00
201.00				201.00
202.00				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
12/9/2013 11:19 am

		Title XIX		Hospital		Cost	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	49,704,211		49,704,211	516,886	50,221,097	30.00
31.00	03100 INTENSIVE CARE UNIT	5,485,890		5,485,890	0	5,485,890	31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT	7,398,671		7,398,671	0	7,398,671	31.01
32.00	03200 CORONARY CARE UNIT	6,671,746		6,671,746	0	6,671,746	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	6,135,607		6,135,607	58,098	6,193,705	40.00
41.00	04100 SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200 SUBPROVIDER	0		0	0	0	42.00
43.00	04300 NURSERY	2,000,904		2,000,904	0	2,000,904	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	16,431,626		16,431,626	619,233	17,050,859	50.00
51.00	05100 RECOVERY ROOM	2,622,974		2,622,974	0	2,622,974	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	9,261,023		9,261,023	0	9,261,023	52.00
53.00	05300 ANESTHESIOLOGY	3,599,201		3,599,201	117,228	3,716,429	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	12,108,802		12,108,802	210,895	12,319,697	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	1,646,389		1,646,389	0	1,646,389	55.00
56.00	05600 RADIOISOTOPE	1,244,018		1,244,018	0	1,244,018	56.00
57.00	05700 CT SCAN	2,830,796		2,830,796	0	2,830,796	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,119,840		1,119,840	0	1,119,840	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,023,230		2,023,230	0	2,023,230	59.00
60.00	06000 LABORATORY	17,069,297		17,069,297	58,767	17,128,064	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	2,976,570		2,976,570	0	2,976,570	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0		0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	3,506,050	0	3,506,050	0	3,506,050	65.00
65.01	03560 PULMONARY FUNCTION TESTING	421,429	0	421,429	0	421,429	65.01
66.00	06600 PHYSICAL THERAPY	1,026,328	0	1,026,328	0	1,026,328	66.00
67.00	06700 OCCUPATIONAL THERAPY	866,688	0	866,688	0	866,688	67.00
68.00	06800 SPEECH PATHOLOGY	673,782	0	673,782	0	673,782	68.00
69.00	06900 ELECTROCARDIOLOGY	2,480,752		2,480,752	34,344	2,515,096	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	658,865		658,865	0	658,865	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,625,189		7,625,189	0	7,625,189	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	8,700,696		8,700,696	0	8,700,696	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,754,966		16,754,966	0	16,754,966	73.00
74.00	07400 RENAL DIALYSIS	4,172,319		4,172,319	0	4,172,319	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,294,052		1,294,052	0	1,294,052	90.01
90.02	04951 ENT	597,816		597,816	0	597,816	90.02
90.03	04952 UNDER THE RAINBOW	2,719,499		2,719,499	0	2,719,499	90.03
90.04	09002 SPASTICITY CLINIC	203,249		203,249	0	203,249	90.04
91.00	09100 EMERGENCY	14,770,304		14,770,304	168,087	14,938,391	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,309,313		2,309,313	0	2,309,313	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	98.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600 HEART ACQUISITION	0		0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0		0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE	Total Costs	
					Dis allowance		
1.00	2.00	3.00	4.00	5.00			
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		0	115.00
116.00	11600	HOSPICE	0	0		0	116.00
200.00		Subtotal (see instructions)	219,112,092	0	219,112,092	1,783,538	220,895,630
201.00		Less Observation Beds	2,309,313		2,309,313		2,309,313
202.00		Total (see instructions)	216,802,779	0	216,802,779	1,783,538	218,586,317

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	91,105,710		91,105,710			30.00
31.00	03100	INTENSIVE CARE UNIT	16,240,187		16,240,187			31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	25,033,131		25,033,131			31.01
32.00	03200	CORONARY CARE UNIT	18,440,786		18,440,786			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	13,496,530		13,496,530			40.00
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,135,450		10,135,450			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
46.00	04600	OTHER LONG TERM CARE	0		0			46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,150,543	37,098,471	76,249,014	0.215500	0.000000	50.00
51.00	05100	RECOVERY ROOM	10,995,842	17,169,532	28,165,374	0.093128	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	22,020,373	20,736,504	42,756,877	0.216597	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	21,473,945	11,683,435	33,157,380	0.108549	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,526,800	37,963,711	57,490,511	0.210623	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	321,891	7,271,917	7,593,808	0.216807	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,453,565	3,492,986	5,946,551	0.209200	0.000000	56.00
57.00	05700	CT SCAN	23,824,332	29,729,739	53,554,071	0.052859	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,664,749	7,429,037	13,093,786	0.085525	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,202,908	4,781,819	22,984,727	0.088025	0.000000	59.00
60.00	06000	LABORATORY	44,410,192	58,843,992	103,254,184	0.165313	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,659,783	903,428	5,563,211	0.535045	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	27,605,938	840,683	28,446,621	0.123250	0.000000	65.00
65.01	03560	PULMONARY FUNCTION TESTING	3,899,857	1,167,947	5,067,804	0.083158	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	2,189,180	249,505	2,438,685	0.420853	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,639,723	111,268	2,750,991	0.315046	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,385,301	723,417	2,108,718	0.319522	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,473,487	8,854,159	19,327,646	0.128353	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	523,616	3,237,018	3,760,634	0.175201	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,413,420	5,769,438	27,182,858	0.280515	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	24,852,602	3,966,956	28,819,558	0.301902	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,966,518	36,654,156	89,620,674	0.186954	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,581,693	18,037,853	19,619,546	0.212661	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	35,686	4,401,150	4,436,836	0.291661	0.000000	90.01
90.02	04951	ENT	0	1,472,229	1,472,229	0.406062	0.000000	90.02
90.03	04952	UNDER THE RAINBOW	0	6,166,929	6,166,929	0.440981	0.000000	90.03
90.04	09002	SPASTICITY CLINIC	0	593,562	593,562	0.342423	0.000000	90.04
91.00	09100	EMERGENCY	43,125,066	65,706,236	108,831,302	0.135717	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,717,805	3,717,805	0.621150	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	579,848,804	398,774,882	978,623,686			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	579,848,804	398,774,882	978,623,686			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT			31.01
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
46.00	04600 OTHER LONG TERM CARE			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		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
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO 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
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.000000		90.01
90.02	04951 ENT	0.000000		90.02
90.03	04952 UNDER THE RAINBOW	0.000000		90.03
90.04	09002 SPASTICITY CLINIC	0.000000		90.04
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000		98.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION			105.00
106.00	10600 HEART ACQUISITION			106.00
107.00	10700 LIVER ACQUISITION			107.00
108.00	10800 LUNG ACQUISITION			108.00
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 12/9/2013 11:19 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part I Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,692,522	0	5,692,522	42,842	132.87	30.00
31.00	INTENSIVE CARE UNIT	405,532		405,532	4,054	100.03	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	231,245		231,245	6,878	33.62	31.01
32.00	CORONARY CARE UNIT	488,786		488,786	5,182	94.32	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	647,366	0	647,366	8,731	74.15	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	103,982		103,982	4,557	22.82	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	7,569,433		7,569,433	72,244		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	8,632	1,146,934				30.00
31.00	INTENSIVE CARE UNIT	1,122	112,234				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	1,355	127,804				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,733	128,502				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	12,842	1,515,474				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,486,388	76,249,014	0.019494	9,450,948	184,237	50.00
51.00	05100 RECOVERY ROOM	124,473	28,165,374	0.004419	1,955,306	8,640	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	498,486	42,756,877	0.011659	81,122	946	52.00
53.00	05300 ANESTHESIOLOGY	167,908	33,157,380	0.005064	2,533,973	12,832	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	968,246	57,490,511	0.016842	3,843,745	64,736	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	191,920	7,593,808	0.025273	153,761	3,886	55.00
56.00	05600 RADIOISOTOPE	134,391	5,946,551	0.022600	448,663	10,140	56.00
57.00	05700 CT SCAN	122,879	53,554,071	0.002294	5,087,575	11,671	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	72,076	13,093,786	0.005505	1,521,271	8,375	58.00
59.00	05900 CARDIAC CATHETERIZATION	165,165	22,984,727	0.007186	4,475,707	32,162	59.00
60.00	06000 LABORATORY	1,365,355	103,254,184	0.013223	11,238,871	148,612	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	65,070	5,563,211	0.011696	692,853	8,104	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	180,221	28,446,621	0.006335	4,098,329	25,963	65.00
65.01	03560 PULMONARY FUNCTION TESTING	66,514	5,067,804	0.013125	1,241,104	16,289	65.01
66.00	06600 PHYSICAL THERAPY	133,377	2,438,685	0.054692	566,262	30,970	66.00
67.00	06700 OCCUPATIONAL THERAPY	150,989	2,750,991	0.054885	417,342	22,906	67.00
68.00	06800 SPEECH PATHOLOGY	41,846	2,108,718	0.019844	446,909	8,868	68.00
69.00	06900 ELECTROCARDIOLOGY	217,881	19,327,646	0.011273	3,154,881	35,565	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	72,282	3,760,634	0.019221	142,047	2,730	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	290,819	27,182,858	0.010699	6,188,150	66,207	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	360,971	28,819,558	0.012525	6,084,034	76,203	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	367,678	89,620,674	0.004103	11,110,608	45,587	73.00
74.00	07400 RENAL DIALYSIS	147,377	19,619,546	0.007512	821,454	6,171	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	25,564	4,436,836	0.005762	0	0	90.01
90.02	04951 ENT	12,151	1,472,229	0.008253	0	0	90.02
90.03	04952 UNDER THE RAINBOW	362,878	6,166,929	0.058843	0	0	90.03
90.04	09002 SPASTICITY CLINIC	3,370	593,562	0.005678	0	0	90.04
91.00	09100 EMERGENCY	655,809	108,831,302	0.006026	5,841,316	35,200	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	261,758	3,717,805	0.070407	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	8,713,842	804,171,892		81,596,231	867,000	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS 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	207,085	0	0	207,085	30.00
31.00	03100	INTENSIVE CARE UNIT	0	23,986	0	0	23,986	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,745	0	0	3,745	31.01
32.00	03200	CORONARY CARE UNIT	0	29,056	0	0	29,056	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	263,872	0	0	263,872	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	42,842	4.83	8,632	41,693	30.00
31.00	03100	INTENSIVE CARE UNIT	4,054	5.92	1,122	6,642	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	6,878	0.54	0	0	31.01
32.00	03200	CORONARY CARE UNIT	5,182	5.61	1,355	7,602	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	8,731	0.00	1,733	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	4,557	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	72,244		12,842	55,937	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 12/9/2013 11:19 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,745	0	0	3,745	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0	0	1,674	0	0	1,674	90.01
90.02	04951	ENT	0	0	0	0	0	0	90.02
90.03	04952	UNDER THE RAINBOW	0	0	0	0	0	0	90.03
90.04	09002	SPASTICITY CLINIC	0	0	8,981	0	0	8,981	90.04
91.00	09100	EMERGENCY	0	0	35,404	0	0	35,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	9,521	0	0	9,521	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	59,325	0	0	59,325	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
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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)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	76,249,014	0.000000	0.000000	9,450,948	50.00
51.00	05100	RECOVERY ROOM	0	28,165,374	0.000000	0.000000	1,955,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,745	42,756,877	0.000088	0.000088	81,122	52.00
53.00	05300	ANESTHESIOLOGY	0	33,157,380	0.000000	0.000000	2,533,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	57,490,511	0.000000	0.000000	3,843,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,593,808	0.000000	0.000000	153,761	55.00
56.00	05600	RADIOISOTOPE	0	5,946,551	0.000000	0.000000	448,663	56.00
57.00	05700	CT SCAN	0	53,554,071	0.000000	0.000000	5,087,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	13,093,786	0.000000	0.000000	1,521,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	22,984,727	0.000000	0.000000	4,475,707	59.00
60.00	06000	LABORATORY	0	103,254,184	0.000000	0.000000	11,238,871	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,563,211	0.000000	0.000000	692,853	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	28,446,621	0.000000	0.000000	4,098,329	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0	5,067,804	0.000000	0.000000	1,241,104	65.01
66.00	06600	PHYSICAL THERAPY	0	2,438,685	0.000000	0.000000	566,262	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,750,991	0.000000	0.000000	417,342	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,108,718	0.000000	0.000000	446,909	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,327,646	0.000000	0.000000	3,154,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,760,634	0.000000	0.000000	142,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,182,858	0.000000	0.000000	6,188,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	28,819,558	0.000000	0.000000	6,084,034	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	89,620,674	0.000000	0.000000	11,110,608	73.00
74.00	07400	RENAL DIALYSIS	0	19,619,546	0.000000	0.000000	821,454	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	1,674	4,436,836	0.000377	0.000377	0	90.01
90.02	04951	ENT	0	1,472,229	0.000000	0.000000	0	90.02
90.03	04952	UNDER THE RAINBOW	0	6,166,929	0.000000	0.000000	0	90.03
90.04	09002	SPASTICITY CLINIC	8,981	593,562	0.015131	0.015131	0	90.04
91.00	09100	EMERGENCY	35,404	108,831,302	0.000325	0.000325	5,841,316	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,521	3,717,805	0.002561	0.002561	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	59,325	804,171,892			81,596,231	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	6,811,409	0		50.00
51.00	05100 RECOVERY ROOM	0	2,037,335	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	7	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	964,439	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,258,231	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,902,019	0		55.00
56.00	05600 RADIOISOTOPE	0	589,843	0		56.00
57.00	05700 CT SCAN	0	4,582,355	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,087,207	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,535,627	0		59.00
60.00	06000 LABORATORY	0	647,596	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	51,161	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	93,941	0		65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	348,232	0		65.01
66.00	06600 PHYSICAL THERAPY	0	2,879	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	39,434	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,108,290	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	31,550	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	974,619	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,231,579	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,347,318	0		73.00
74.00	07400 RENAL DIALYSIS	0	41,225	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	1,170,372	441		90.01
90.02	04951 ENT	0	174,433	0		90.02
90.03	04952 UNDER THE RAINBOW	0	0	0		90.03
90.04	09002 SPASTICITY CLINIC	0	106,835	1,617		90.04
91.00	09100 EMERGENCY	1,898	4,248,322	1,381		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	651,288	1,668		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (Lines 50-199)	1,905	44,037,539	5,107		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 12/9/2013 11:19 am			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.215500	6,811,409	0	0	1,467,859	50.00
51.00	05100 RECOVERY ROOM	0.093128	2,037,335	0	0	189,733	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.216597	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.108549	964,439	0	0	104,689	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.210623	4,258,231	0	0	896,881	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.216807	1,902,019	0	0	412,371	55.00
56.00	05600 RADIOISOTOPE	0.209200	589,843	0	0	123,395	56.00
57.00	05700 CT SCAN	0.052859	4,582,355	0	0	242,219	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085525	1,087,207	0	0	92,983	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.088025	1,535,627	0	0	135,174	59.00
60.00	06000 LABORATORY	0.165313	647,596	0	0	107,056	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.535045	51,161	0	0	27,373	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.123250	93,941	0	0	11,578	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0.083158	348,232	0	0	28,958	65.01
66.00	06600 PHYSICAL THERAPY	0.420853	2,879	0	0	1,212	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.315046	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.319522	39,434	0	0	12,600	68.00
69.00	06900 ELECTROCARDIOLOGY	0.128353	2,108,290	0	0	270,605	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.175201	31,550	0	0	5,528	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280515	974,619	0	0	273,395	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.301902	1,231,579	0	0	371,816	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.186954	8,347,318	0	0	1,560,564	73.00
74.00	07400 RENAL DIALYSIS	0.212661	41,225	0	0	8,767	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0.291661	1,170,372	0	0	341,352	90.01
90.02	04951 ENT	0.406062	174,433	0	0	70,831	90.02
90.03	04952 UNDER THE RAINBOW	0.440981	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0.342423	106,835	0	0	36,583	90.04
91.00	09100 EMERGENCY	0.135717	4,248,322	0	0	576,570	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.621150	651,288	0	0	404,548	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		44,037,539	0	0	7,774,640	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		44,037,539	0	0	7,774,640	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 12/9/2013 11:19 am
		Title XVIII	Hospital	PPS
Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	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
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	90.01
90.02	04951 ENT	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	90.04
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part II Date/Time Prepared: 12/9/2013 11:19 am	
		Component CCN: 14S018		Title XVIII		Subprovider - IPF	
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	1,486,388	76,249,014	0.019494	4,071	79
51.00	05100	RECOVERY ROOM	124,473	28,165,374	0.004419	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	498,486	42,756,877	0.011659	0	0
53.00	05300	ANESTHESIOLOGY	167,908	33,157,380	0.005064	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	968,246	57,490,511	0.016842	47,941	807
55.00	05500	RADIOLOGY-THERAPEUTIC	191,920	7,593,808	0.025273	0	0
56.00	05600	RADIOISOTOPE	134,391	5,946,551	0.022600	1,008	23
57.00	05700	CT SCAN	122,879	53,554,071	0.002294	78,659	180
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	72,076	13,093,786	0.005505	9,507	52
59.00	05900	CARDIAC CATHETERIZATION	165,165	22,984,727	0.007186	0	0
60.00	06000	LABORATORY	1,365,355	103,254,184	0.013223	387,547	5,125
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	65,070	5,563,211	0.011696	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0
65.00	06500	RESPIRATORY THERAPY	180,221	28,446,621	0.006335	1,085	7
65.01	03560	PULMONARY FUNCTION TESTING	66,514	5,067,804	0.013125	4,356	57
66.00	06600	PHYSICAL THERAPY	133,377	2,438,685	0.054692	1,165	64
67.00	06700	OCCUPATIONAL THERAPY	150,989	2,750,991	0.054885	183,448	10,069
68.00	06800	SPEECH PATHOLOGY	41,846	2,108,718	0.019844	0	0
69.00	06900	ELECTROCARDIOLOGY	217,881	19,327,646	0.011273	11,234	127
70.00	07000	ELECTROENCEPHALOGRAPHY	72,282	3,760,634	0.019221	1,343	26
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	290,819	27,182,858	0.010699	8,991	96
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	360,971	28,819,558	0.012525	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	367,678	89,620,674	0.004103	500,011	2,052
74.00	07400	RENAL DIALYSIS	147,377	19,619,546	0.007512	4,104	31
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	04950	OUTPATIENT CHEMOTHERAPY	25,564	4,436,836	0.005762	0	0
90.02	04951	ENT	12,151	1,472,229	0.008253	0	0
90.03	04952	UNDER THE RAINBOW	362,878	6,166,929	0.058843	0	0
90.04	09002	SPASTICITY CLINIC	3,370	593,562	0.005678	0	0
91.00	09100	EMERGENCY	655,809	108,831,302	0.006026	408,617	2,462
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,717,805	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0
200.00		Total (lines 50-199)	8,452,084	804,171,892		1,653,087	21,257

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 12/9/2013 11:19 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	3,745	0	3,745	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
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
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	0	0	1,674	0	1,674	90.01
90.02	04951 ENT	0	0	0	0	0	90.02
90.03	04952 UNDER THE RAINBOW	0	0	0	0	0	90.03
90.04	09002 SPASTICITY CLINIC	0	0	8,981	0	8,981	90.04
91.00	09100 EMERGENCY	0	0	35,404	0	35,404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	49,804	0	49,804	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140018 Component CCN: 14S018		Period: From 07/01/2012 To 06/30/2013		Worksheet D Part IV Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	76,249,014	0.000000	0.000000	4,071	50.00
51.00	05100 RECOVERY ROOM	0	28,165,374	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,745	42,756,877	0.000088	0.000088	0	52.00
53.00	05300 ANESTHESIOLOGY	0	33,157,380	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	57,490,511	0.000000	0.000000	47,941	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,593,808	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	5,946,551	0.000000	0.000000	1,008	56.00
57.00	05700 CT SCAN	0	53,554,071	0.000000	0.000000	78,659	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,093,786	0.000000	0.000000	9,507	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	22,984,727	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	103,254,184	0.000000	0.000000	387,547	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,563,211	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	28,446,621	0.000000	0.000000	1,085	65.00
65.01	03560 PULMONARY FUNCTION TESTING	0	5,067,804	0.000000	0.000000	4,356	65.01
66.00	06600 PHYSICAL THERAPY	0	2,438,685	0.000000	0.000000	1,165	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,750,991	0.000000	0.000000	183,448	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,108,718	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	19,327,646	0.000000	0.000000	11,234	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,760,634	0.000000	0.000000	1,343	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,182,858	0.000000	0.000000	8,991	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	28,819,558	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	89,620,674	0.000000	0.000000	500,011	73.00
74.00	07400 RENAL DIALYSIS	0	19,619,546	0.000000	0.000000	4,104	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	04950 OUTPATIENT CHEMOTHERAPY	1,674	4,436,836	0.000377	0.000377	0	90.01
90.02	04951 ENT	0	1,472,229	0.000000	0.000000	0	90.02
90.03	04952 UNDER THE RAINBOW	0	6,166,929	0.000000	0.000000	0	90.03
90.04	09002 SPASTICITY CLINIC	8,981	593,562	0.015131	0.015131	0	90.04
91.00	09100 EMERGENCY	35,404	108,831,302	0.000325	0.000325	408,617	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,717,805	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	49,804	804,171,892			1,653,087	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 12/9/2013 11:19 am
	Component CCN: 14S018	Title XVIII	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
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
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION TESTING	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 04950 OUTPATIENT CHEMOTHERAPY	0	0	0	90.01
90.02 04951 ENT	0	0	0	90.02
90.03 04952 UNDER THE RAINBOW	0	0	0	90.03
90.04 09002 SPASTICITY CLINIC	0	0	0	90.04
91.00 09100 EMERGENCY	133	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (lines 50-199)	133	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 12/9/2013 11:19 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		42,842	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		42,842	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.		166	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		40,706	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)		8,632	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,221,097	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,221,097	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		64,740,170	28.00
29.00	Private room charges (excluding swing-bed charges)		270,912	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		64,469,258	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.775733	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,632.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,583.78	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		48.22	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		37.41	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		6,210	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,214,887	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,172.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,118,776	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		10,118,776	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 12/9/2013 11:19 am	
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	5,485,890	4,054	1,353.20	1,122	1,518,290		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	7,398,671	6,878	1,075.70	0	0		43.01
44.00 CORONARY CARE UNIT	6,671,746	5,182	1,287.48	1,355	1,744,535		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		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)					14,758,696		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,140,297		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,442,909		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					868,905		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					2,311,814		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,828,483		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)					1,970		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,172.24		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,309,313		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 12/9/2013 11:19 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	5,692,522	50,221,097	0.113349	2,309,313	261,758	90.00
91.00	Nursing School cost	0	50,221,097	0.000000	2,309,313	0	91.00
92.00	Allied health cost	207,085	50,221,097	0.004123	2,309,313	9,521	92.00
93.00	All other Medical Education	0	50,221,097	0.000000	2,309,313	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1
		Component CCN: 14S018		Date/Time Prepared: 12/9/2013 11:19 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,731	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,731	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.		27	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		8,704	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)		1,733	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)		6,193,705	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,193,705	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		13,831,994	28.00
29.00	Private room charges (excluding swing-bed charges)		44,064	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		13,787,930	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.447781	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,632.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,584.09	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		47.91	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		21.45	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		579	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,193,126	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)		709.39	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,229,373	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,229,373	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140018		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1	
		Component CCN: 14S018		Date/Time Prepared: 12/9/2013 11:19 am			
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	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)					294,092	48.00	
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,523,465	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)					128,502	50.00	
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					21,390	51.00	
52.00 Total Program excludable cost (sum of lines 50 and 51)					149,892	52.00	
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,373,573	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: 140018 Component CCN: 14S018		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	647,366	6,193,705	0.104520	0	0	90.00
91.00	Nursing School cost	0	6,193,705	0.000000	0	0	91.00
92.00	Allied health cost	0	6,193,705	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,193,705	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 12/9/2013 11:19 am	
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		19,031,756	30.00
31.00	03100	INTENSIVE CARE UNIT		4,065,475	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		4,921,832	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223621	9,450,948	50.00
51.00	05100	RECOVERY ROOM	0.093128	1,955,306	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216597	81,122	52.00
53.00	05300	ANESTHESIOLOGY	0.112085	2,533,973	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.214291	3,843,745	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216807	153,761	55.00
56.00	05600	RADIOISOTOPE	0.209200	448,663	56.00
57.00	05700	CT SCAN	0.052859	5,087,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085525	1,521,271	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088025	4,475,707	59.00
60.00	06000	LABORATORY	0.165883	11,238,871	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.535045	692,853	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.123250	4,098,329	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.083158	1,241,104	65.01
66.00	06600	PHYSICAL THERAPY	0.420853	566,262	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315046	417,342	67.00
68.00	06800	SPEECH PATHOLOGY	0.319522	446,909	68.00
69.00	06900	ELECTROCARDIOLOGY	0.130129	3,154,881	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175201	142,047	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280515	6,188,150	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301902	6,084,034	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186954	11,110,608	73.00
74.00	07400	RENAL DIALYSIS	0.212661	821,454	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.291661	0	90.01
90.02	04951	ENT	0.406062	0	90.02
90.03	04952	UNDER THE RAINBOW	0.440981	0	90.03
90.04	09002	SPASTICITY CLINIC	0.342423	0	90.04
91.00	09100	EMERGENCY	0.137262	5,841,316	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.621150	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		81,596,231	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)		81,596,231	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 14S018		Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		2,660,199	40.00
41.00	04100	SUBPROVIDER - IPF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.223621	4,071	50.00
51.00	05100	RECOVERY ROOM	0.093128	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.216597	0	52.00
53.00	05300	ANESTHESIOLOGY	0.112085	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.214291	47,941	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216807	0	55.00
56.00	05600	RADIOISOTOPE	0.209200	1,008	56.00
57.00	05700	CT SCAN	0.052859	78,659	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085525	9,507	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.088025	0	59.00
60.00	06000	LABORATORY	0.165883	387,547	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.535045	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.123250	1,085	65.00
65.01	03560	PULMONARY FUNCTION TESTING	0.083158	4,356	65.01
66.00	06600	PHYSICAL THERAPY	0.420853	1,165	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.315046	183,448	67.00
68.00	06800	SPEECH PATHOLOGY	0.319522	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.130129	11,234	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.175201	1,343	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.280515	8,991	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.301902	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.186954	500,011	73.00
74.00	07400	RENAL DIALYSIS	0.212661	4,104	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	04950	OUTPATIENT CHEMOTHERAPY	0.291661	0	90.01
90.02	04951	ENT	0.406062	0	90.02
90.03	04952	UNDER THE RAINBOW	0.440981	0	90.03
90.04	09002	SPASTICITY CLINIC	0.342423	0	90.04
91.00	09100	EMERGENCY	0.137262	408,617	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.621150	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,653,087	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,653,087	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		18,589,571		1.00
2.00	Outlier payments for discharges. (see instructions)		497,464		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		3,172,332		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		257.60		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)		81.96		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)		33.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		2.60		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)		112.36		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		121.49		10.00
11.00	FTE count for residents in dental and podiatric programs.		5.71		11.00
12.00	Current year allowable FTE (see instructions)		118.07		12.00
13.00	Total allowable FTE count for the prior year.		114.91		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.		117.19		14.00
15.00	Sum of lines 12 through 14 divided by 3.		116.72		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		116.72		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.453106		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.443079		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.443079		21.00
22.00	IME payment adjustment (see instructions)		4,704,858		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)		9.13		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. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		4,704,858		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		17.48		30.00
31.00	Percentage of Medicaid patient days (see instructions)		60.70		31.00
32.00	Sum of lines 30 and 31		78.18		32.00
33.00	Allowable disproportionate share percentage (see instructions)		53.71		33.00
34.00	Disproportionate share adjustment (see instructions)		9,984,459		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		33,776,352		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)		33,776,352		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,221,053		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).		2,135,362		52.00
53.00	Nursing and Allied Health Managed Care payment		51,687		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		55,937		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		1,905		58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,242,296		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,242,296		61.00
62.00	Deductibles billed to program beneficiaries		1,717,579		62.00
63.00	Coinurance billed to program beneficiaries		348,839		63.00
64.00	Allowable bad debts (see instructions)		1,649,921		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,154,945		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		37,330,823		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
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-34,098		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-58,054		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (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)		37,238,671		71.00
71.01	Sequestration adjustment (see instructions)		186,193		71.01
72.00	Interim payments		38,206,017		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		-1,153,539		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		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		0.00		94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 12/9/2013 11:19 am
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			7,769,533 2.00
3.00	PPS payments			6,822,150 3.00
4.00	Outlier payment (see instructions)			65,795 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			5,107 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			0 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 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)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			0 21.00
22.00	Interns and residents (see instructions)			0 22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)			0 23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)			6,893,052 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			1,619,385 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			0 26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			5,273,667 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)			559,662 28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)			0 29.00
30.00	Subtotal (sum of lines 27 through 29)			5,833,329 30.00
31.00	Primary payer payments			0 31.00
32.00	Subtotal (line 30 minus line 31)			5,833,329 32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			177,185 33.00
34.00	Allowable bad debts (see instructions)			1,015,598 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			710,919 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			1,015,598 36.00
37.00	Subtotal (see instructions)			6,721,433 37.00
38.00	MSP-LCC reconciliation amount from PS&R			520 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (see instructions)			6,720,913 40.00
40.01	Sequestration adjustment (see instructions)			33,605 40.01
41.00	Interim payments			6,079,690 41.00
42.00	Tentative settlement (for contractors use only)			0 42.00
43.00	Balance due provider/program (see instructions)			607,618 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 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: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
12/9/2013 11:19 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		38,144,887		6,130,668	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	06/04/2013	762,354		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	05/22/2013	701,224	05/22/2013	50,978	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)		61,130		-50,978	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)		38,206,017		6,079,690	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		641,223	6.01	
6.02	SETTLEMENT TO PROGRAM		967,346		0	6.02	
7.00	Total Medicare program liability (see instructions)		37,238,671		6,720,913	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: 140018
Component CCN: 14S018

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
12/9/2013 11:19 am
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,183,217		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,183,217		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		96,320		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,279,537		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		Provider CCN: 140018 Component CCN: 14S018	Period: From 07/01/2012 To 06/30/2013	Worksheet E-3 Part II Date/Time Prepared: 12/9/2013 11:19 am
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			1,401,273 1.00
2.00	Net IPF PPS Outlier Payments			10,787 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			23.920548 9.00
10.00	Indirect Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.000000 10.00
11.00	Indirect Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,412,060 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,412,060 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			1,412,060 18.00
19.00	Deductibles			147,252 19.00
20.00	Subtotal (line 18 minus line 19)			1,264,808 20.00
21.00	Coinsurance			75,082 21.00
22.00	Subtotal (line 20 minus line 21)			1,189,726 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			128,111 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			89,678 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 25.00
26.00	Subtotal (sum of lines 22 and 24)			1,279,404 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			133 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			1,279,537 31.00
31.01	Sequestration adjustment (see instructions)			6,398 31.01
32.00	Interim payments			1,183,217 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			89,922 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			10,787 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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 12/9/2013 11:19 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			91.66	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			33.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			2.38	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			122.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			121.49	6.00
7.00	Enter the lesser of line 5 or line 6			121.49	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	88.75	28.62	117.37	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	88.75	28.62	117.37	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		4.71		10.00
11.00	Total weighted FTE count	88.75	33.33		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	90.34	28.65		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	88.25	30.55		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	89.11	30.84		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	89.11	30.84		17.00
18.00	Per resident amount	100,994.18	95,632.60		18.00
19.00	Approved amount for resident costs	8,999,591	2,949,309	11,948,900	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			11,948,900	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	12,842	2,306		26.00
27.00	Total Inpatient Days (see instructions)	65,717	65,717		27.00
28.00	Ratio of inpatient days to total inpatient days	0.195414	0.035090		28.00
29.00	Program direct GME amount	2,334,982	419,287		29.00
30.00	Reduction for direct GME payments for Medicare managed care		59,245		30.00
31.00	Net Program direct GME amount			2,695,024	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet E-4 Date/Time Prepared: 12/9/2013 11:19 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		19,619,546	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		29,663,762	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		29,663,762	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		7,774,640	42.00
43.00	Primary payer payments (see instructions)		0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		7,774,640	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		37,438,402	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.792335	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.207665	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		2,695,024	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		2,135,362	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		559,662	50.00

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

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet G

Date/Time Prepared:
12/9/2013 11:19 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,866,000	5,601,000	0	0	1.00
2.00	Temporary investments	1,808,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	40,305,000	0	0	0	4.00
5.00	Other receivable	1,295,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,230,000	0	0	0	6.00
7.00	Inventory	3,011,000	0	0	0	7.00
8.00	Prepaid expenses	8,670,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	-588,000	-4,934,000	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	46,137,000	667,000	0	0	11.00
FIXED ASSETS						
12.00	Land	1,725,650	0	0	0	12.00
13.00	Land improvements	682,066	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	151,559,655	0	0	0	15.00
16.00	Accumulated depreciation	-95,011,913	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	69,188	0	0	0	21.00
22.00	Accumulated depreciation	-255,547	0	0	0	22.00
23.00	Major movable equipment	88,576,699	0	0	0	23.00
24.00	Accumulated depreciation	-64,545,798	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)	82,800,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	13,321,000	0	0	0	31.00
32.00	Deposits on leases	15,691,000	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	269,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	29,281,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	158,218,000	667,000	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	47,065,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,938,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,995,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,576,000	0	0	0	43.00
44.00	Other current liabilities	25,192,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	89,766,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	93,483,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	93,483,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	183,249,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-25,031,000	0	0	0	52.00
53.00	Specific purpose fund	0	667,000	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-25,031,000	667,000	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	158,218,000	667,000	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
12/9/2013 11:19 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-16,838,000		4,189,000		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-11,746,000				2.00
3.00	Total (sum of line 1 and line 2)		-28,584,000		4,189,000		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00	DONOR CONTRIBUTIONS	0		329,000		0	5.00
6.00	NET CHANGE IN UNREALIZED GAINS INV	76,000		0		0	6.00
7.00	NET ASSET RELEASED FRM RESTR FOR CAP	3,500,000		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)		3,576,000		329,000		10.00
11.00	Subtotal (line 3 plus line 10)		-25,008,000		4,518,000		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00	NET ASSET RELEASED FRM RESTR FOR CAP	23,000		3,593,000		0	14.00
15.00	NET ASSET RELEASED FRM RESTR FRO OPE	0		258,000		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)		23,000		3,851,000		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-25,031,000		667,000		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00	DONOR CONTRIBUTIONS		0				5.00
6.00	NET CHANGE IN UNREALIZED GAINS INV		0				6.00
7.00	NET ASSET RELEASED FRM RESTR FOR CAP		0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	Deductions (debit adjustments) (specify)		0				12.00
13.00			0				13.00
14.00	NET ASSET RELEASED FRM RESTR FOR CAP		0				14.00
15.00	NET ASSET RELEASED FRM RESTR FRO OPE		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: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
12/9/2013 11:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	94,344,240		94,344,240	1.00
2.00	SUBPROVIDER - IPF	13,831,994		13,831,994	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	108,176,234		108,176,234	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	14,716,857		14,716,857	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	23,178,516		23,178,516	11.01
12.00	CORONARY CARE UNIT	16,885,393		16,885,393	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	54,780,766		54,780,766	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	162,957,000		162,957,000	17.00
18.00	Ancillary services	416,841,000	403,383,000	820,224,000	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	579,798,000	403,383,000	983,181,000	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		248,721,221		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		248,721,221		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
12/9/2013 11:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	983,181,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	717,588,779	2.00
3.00	Net patient revenues (line 1 minus line 2)	265,592,221	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	248,721,221	4.00
5.00	Net income from service to patients (line 3 minus line 4)	16,871,000	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	4,000	6.00
7.00	Income from investments	783,000	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	3,394	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	764,233	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	1,354,614	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	119,643	17.00
18.00	Revenue from sale of medical records and abstracts	619	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	1,116,657	22.00
23.00	Governmental appropriations	0	23.00
24.00	TRAUMA FUNDING A/C 9900-4447	1,246,726	24.00
24.01	IDPH GRANT A/C 7070-4499	100,800	24.01
24.02	OTHER OPERATING REVENUE FROM SCHWAB	1,488,375	24.02
24.03	OTHER OPERATING PREMIER A/C 9585-444	939,107	24.03
24.04	EMR STIMULUS REVENUE A/C 9900-4460	5,239,866	24.04
24.05	ALL OTHER OPER INCOME	5,152,966	24.05
25.00	Total other income (sum of lines 6-24)	18,314,000	25.00
26.00	Total (line 5 plus line 25)	35,185,000	26.00
27.00	PROVISION FOR BAD DEBTS	46,931,000	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	46,931,000	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-11,746,000	29.00

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

Provider CCN: 140018

Period:

Worksheet I-1

Component CCN: 142302

From 07/01/2012
To 06/30/2013

Date/Time Prepared:
12/9/2013 11:19 am

Renal Dialysis

		Total Costs	Basis	Statistics	FTEs per 2080 Hours	
		1.00	2.00	3.00	4.00	
1.00	Registered Nurses	1,318,486	Hours of Service	31,283.00	15.04	1.00
2.00	Licensed Practical Nurses	0	Hours of Service	0.00	0.00	2.00
3.00	Nurses Aides	0	Hours of Service	0.00	0.00	3.00
4.00	Technicians	270,921	Hours of Service	12,263.00	5.90	4.00
5.00	Social Workers	0	Hours of Service	0.00	0.00	5.00
6.00	Dieticians	0	Hours of Service	0.00	0.00	6.00
7.00	Physicians	59,069	Accumulated Cost			7.00
8.00	Non-patient Care Salary	47,434	Accumulated Cost			8.00
9.00	Subtotal (sum of lines 1-8)	1,695,910				9.00
10.00	Employee Benefits	0	Salary			10.00
11.00	Capital Related Costs-Bldgs. & Fixtures	0	Square Feet			11.00
12.00	Capital Related Costs-Mov. Equip.	0	Percentage of Time			12.00
13.00	Machine Costs & Repairs	53,879	Percentage of Time			13.00
14.00	Supplies	233,944	Requisitions			14.00
15.00	Drugs	445,947	Requisitions			15.00
16.00	Other	98,965	Accumulated Cost			16.00
17.00	Subtotal (sum of lines 9-16)*	2,528,645				17.00
18.00	Capital Related Costs-Bldgs. & Fixtures	34,979	Square Feet			18.00
19.00	Capital Related Costs-Mov. Equip.	21,333	Percentage of Time			19.00
20.00	Employee Benefits Department	286,822	Salary			20.00
21.00	Administrative & General	664,252	Accumulated Cost			21.00
22.00	Maint./Repairs-Oper-Housekeeping	64,571	Square Feet			22.00
23.00	Medical Education Program Costs	0				23.00
24.00	Central Service & Supplies	20,494	Requisitions			24.00
25.00	Pharmacy	0	Requisitions			25.00
26.00	Other Allocated Costs	551,223	Accumulated Cost			26.00
27.00	Subtotal (sum of lines 17-26)*	4,172,319				27.00
28.00	Laboratory (see instructions)	0	Charges	0		28.00
29.00	Respiratory Therapy (see instructions)	0	Charges	0		29.00
30.00	Other (see instructions)	0	Charges	0		30.00
31.00	Total costs (sum of lines 27-30)	4,172,319				31.00

* Line 17, column 1 should agree with Worksheet A, column 7 for line 74 or line 94 as appropriate, and line 27, column 1 should agree with Worksheet B, Part I, column 26 for line 74 or line 94 as appropriate.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

Provider CCN: 140018

Period: From 07/01/2012

Worksheet 1-2

Component CCN: 142302

To 06/30/2013

Date/Time Prepared: 12/9/2013 11:19 am

		Capital Related Costs		Direct Patient Care Salary		Employee Benefits Department	Drugs		
		Bui l di ng	Equip ment	RNs	Other				6.00
		1.00	2.00	3.00	4.00				5.00
1.00	Total Renal Department Costs	99,550	75,212	1,318,486	270,921	286,822	445,947	1.00	
MAINTENANCE									
2.00	Hemodialysis	0	67,142	1,177,012	241,851	256,046	398,097	2.00	
3.00	Intermittent Peritoneal	0	0	0	0	0	0	3.00	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0	0	4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0	0	5.00	
6.00	CAPD	0	0	0	0	0	0	6.00	
7.00	CCDP	0	0	0	0	0	0	7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0	0	8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0	0	9.00	
10.00	CAPD	0	0	0	0	0	0	10.00	
11.00	CCDP	0	0	0	0	0	0	11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	99,550	8,070	141,474	29,070	30,776	47,850	12.00	
13.00	Method II Home Patient	0	0	0	0	0	0	13.00	
14.00	EPO (include in Renal Department)							14.00	
15.00	ARANESP (include in Renal Department)							15.00	
16.00	Other	0	0	0	0	0	0	16.00	
17.00	Total (sum of lines 2-16)	99,550	75,212	1,318,486	270,921	286,822	445,947	17.00	
18.00	Medical Educational Program Costs							18.00	
19.00	Total Renal Costs (line 17 + line 18)							19.00	
		Medical Supplies	Routine Ancillary Services	Subtotal (sum of col s. 1-8)	Overhead	Total (col. 9 + col. 10)			
		7.00	8.00	9.00	10.00	11.00			
1.00	Total Renal Department Costs	254,438	0	2,751,376	1,420,943	4,172,319		1.00	
MAINTENANCE									
2.00	Hemodialysis	227,137	0	2,367,285	1,222,580	3,589,865		2.00	
3.00	Intermittent Peritoneal	0	0	0	0	0		3.00	
TRAINING									
4.00	Hemodialysis	0	0	0	0	0		4.00	
5.00	Intermittent Peritoneal	0	0	0	0	0		5.00	
6.00	CAPD	0	0	0	0	0		6.00	
7.00	CCDP	0	0	0	0	0		7.00	
HOME									
8.00	Hemodialysis	0	0	0	0	0		8.00	
9.00	Intermittent Peritoneal	0	0	0	0	0		9.00	
10.00	CAPD	0	0	0	0	0		10.00	
11.00	CCDP	0	0	0	0	0		11.00	
OTHER BILLABLE SERVICES									
12.00	Inpatient Dialysis	27,301	0	384,091	198,363	582,454		12.00	
13.00	Method II Home Patient	0	0	0	0	0		13.00	
14.00	EPO (include in Renal Department)							14.00	
15.00	ARANESP (include in Renal Department)							15.00	
16.00	Other	0	0	0	0	0		16.00	
17.00	Total (sum of lines 2-16)	254,438	0	2,751,376	1,420,943	4,172,319		17.00	
18.00	Medical Educational Program Costs					0		18.00	
19.00	Total Renal Costs (line 17 + line 18)					4,172,319		19.00	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140018

Period: From 07/01/2012

Worksheet 1-3

Component CCN: 142302

To 06/30/2013

Date/Time Prepared: 12/9/2013 11:19 am

		Capital Related Costs		Direct Patient Care Salary			
		Building (Square Feet)	Equipment (% of Time)	RNs (Hours)	Other (Hours)	Employee Benefits Department (Salary)	
		0	1.00	2.00	3.00	4.00	5.00
1.00	Total Renal Department Costs	99,550	75,212	1,318,486	270,921	286,822	1.00
MAINTENANCE							
2.00	Hemodialysis	0	8,927.00	8,927.00	8,927.00	8,927	2.00
3.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	3.00
TRAINING							
4.00	Hemodialysis	0	0.00	0.00	0.00	0	4.00
5.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	5.00
6.00	CAPD	0	0.00	0.00	0.00	0	6.00
7.00	CCDP	0	0.00	0.00	0.00	0	7.00
HOME							
8.00	Hemodialysis	0	0.00	0.00	0.00	0	8.00
9.00	Intermittent Peritoneal	0	0.00	0.00	0.00	0	9.00
10.00	CAPD	0	0.00	0.00	0.00	0	10.00
11.00	CCDP	0	0.00	0.00	0.00	0	11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,460	1,073	1,073.00	1,073.00	1,073	12.00
13.00	Method II Home Patient	0	0.00	0.00	0.00	0	13.00
14.00	EPO	0	0.00	0.00	0.00	0	14.00
15.00	ARANESP	0	0.00	0.00	0.00	0	15.00
16.00	Other	0	0.00	0.00	0.00	0	16.00
17.00	Total Statistical Basis	1,073	10,000.00	10,000.00	10,000.00	10,000	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	92.777260	7.521200	131.848600	27.092100	28.682200	18.00
		Drugs (Requist.)	Medical Supplies (Requist.)	Routine Ancillary Services (Charges)	Subtotal	Overhead (Accum. Cost)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Total Renal Department Costs	445,947	254,438	0	2,751,376	1,420,943	1.00
MAINTENANCE							
2.00	Hemodialysis	8,927	8,927	8,927			2.00
3.00	Intermittent Peritoneal	0	0	0			3.00
TRAINING							
4.00	Hemodialysis	0	0	0			4.00
5.00	Intermittent Peritoneal	0	0	0			5.00
6.00	CAPD	0	0	0			6.00
7.00	CCDP	0	0	0			7.00
HOME							
8.00	Hemodialysis	0	0	0			8.00
9.00	Intermittent Peritoneal	0	0	0			9.00
10.00	CAPD	0	0	0			10.00
11.00	CCDP	0	0	0			11.00
OTHER BILLABLE SERVICES							
12.00	Inpatient Dialysis Treatments	1,073	1,073	1,073			12.00
13.00	Method II Home Patient	0	0	0			13.00
14.00	EPO	0	0	0			14.00
15.00	ARANESP	0	0	0			15.00
16.00	Other	0	0	0			16.00
17.00	Total Statistical Basis	10,000	10,000	10,000		2,751,376	17.00
18.00	Unit Cost Multiplier (line 1 ÷ line 17)	44.594700	25.443800	0.000000		0.516448	18.00

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet 1-4

Component CCN: 142302

Date/Time Prepared:
12/9/2013 11:19 am

		Rate 0			Renal Dialysis		
		Number of Total Treatments	Total Cost (from Wkst. 1-2, col. 11)	Average Cost of Program Treatments (col. 2 ÷ col. 1)	Number of Program Treatments	Number of Program Treatments (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
1.00	Maintenance - Hemodialysis	12,150	3,589,865	295.46	0	3,102	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0.00	0	0	2.00
3.00	Training - Hemodialysis	0	0	0.00	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0.00	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0.00	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0.00	0	0	8.00
		Patient Weeks			Patient Weeks	Patient Weeks (prior to Jan. 1)	
		1.00	2.00	3.00	4.00	4.01	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0.00	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0.00	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	12,150	3,589,865		0	3,102	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))	12,150					12.00
		Number of Program Treatments (on/after Jan. 1)	Total Program Expenses (see instructions)	Total Program Payment	Total Program Payment (prior to Jan. 1)	Total Program Payment (on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
1.00	Maintenance - Hemodialysis	3,094	1,830,670	0	772,274	770,282	1.00
2.00	Maintenance - Peritoneal Dialysis	0	0	0	0	0	2.00
3.00	Training - Hemodialysis	0	0	0	0	0	3.00
4.00	Training - Peritoneal Dialysis	0	0	0	0	0	4.00
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	5.00
6.00	Training - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	6.00
7.00	Home Program - Hemodialysis	0	0	0	0	0	7.00
8.00	Home Program - Peritoneal Dialysis	0	0	0	0	0	8.00
		Patient Weeks (on/after Jan. 1)			(prior to Jan. 1)	(on/after Jan. 1)	
		4.02	5.00	6.00	6.01	6.02	
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0	0	0	0	0	9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0	0	0	0	0	10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)	3,094	1,830,670	0	772,274	770,282	11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))						12.00
		Average Payment Rate (col. 6 ÷ col. 4)	Average Payment Rate (col. 6.01 ÷ col. 4.01)	Average Payment Rate (col. 6.02 ÷ col. 4.02)			
		7.00	7.01	7.02			
1.00	Maintenance - Hemodialysis	0.00	248.96	248.96	1.00		
2.00	Maintenance - Peritoneal Dialysis	0.00	0.00	0.00	2.00		
3.00	Training - Hemodialysis	0.00	0.00	0.00	3.00		
4.00	Training - Peritoneal Dialysis	0.00	0.00	0.00	4.00		
5.00	Training - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00	5.00		
6.00	Training - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00	6.00		
7.00	Home Program - Hemodialysis	0.00	0.00	0.00	7.00		
8.00	Home Program - Peritoneal Dialysis	0.00	0.00	0.00	8.00		

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

Provider CCN: 140018

Period:

Worksheet 1-4

Component CCN: 142302

From 07/01/2012
To 06/30/2013

Date/Time Prepared:
12/9/2013 11:19 am

		Rate 0			Renal Dialysis	
		7.00	7.01	7.02		
9.00	Home Program - Continuous Ambulatory Peritoneal Dialysis	0.00	0.00	0.00		9.00
10.00	Home Program - Continuous Cycling Peritoneal Dialysis	0.00	0.00	0.00		10.00
11.00	Totals (sum of lines 1-8, columns 1 and 4) (sum of lines 1-10, columns 2, 5, and 6)					11.00
12.00	Total treatments (sum of lines 1 through 8 plus (sum of lines 9 and 10 times 3))					12.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 140018

Period:
From 07/01/2012
To 06/30/2013

Worksheet 1-5

Date/Time Prepared:
12/9/2013 11:19 am

		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)	1,830,670		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)	772,274	772,274	2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	770,282	770,283	2.02
2.03	Total payment due (see instructions)	1,542,556	1,542,557	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	2,615	2,615	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)	2,615	2,615	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	304,852	304,852	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)	304,852	304,852	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	177,185	177,185	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			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			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			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)	177,185	177,185	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	177,185		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	130,282	130,282	8.00
9.00	Program payment (see instructions)	-2,092	1,231,954	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)	1,702,480	468,434	10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	177,185		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	3,589,865		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	3,589,865		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	1.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140018	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 12/9/2013 11:19 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,553,825	1.00
2.00	Capital DRG outlier payments		35,754	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		156.13	3.00
4.00	Number of interns & residents (see instructions)		116.72	4.00
5.00	Indirect medical education percentage (see instructions)		23.49	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		364,993	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		17.48	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		60.70	8.00
9.00	Sum of lines 7 and 8		78.18	9.00
10.00	Allowable disproportionate share percentage (see instructions)		17.15	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		266,481	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,221,053	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