

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: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 1:46 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014	Time: 1:46 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE SHERMAN HOSPITAL ( 140030 ) for the cost reporting period beginning 05/01/2013 and ending 12/31/2013 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)  
 \_\_\_\_\_  
 VP FINANCE/CORPORATE CONTROLLER  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Cost Center Description	Title XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
<b>PART III - SETTLEMENT SUMMARY</b>					
1.00 Hospital	0	87,840	-5,855	0	0
2.00 Subprovider - IPF	0	0	0	0	0
3.00 Subprovider - IRF	0	0	0	0	0
4.00 SUBPROVIDER I	0	0	0	0	0
5.00 Swing bed - SNF	0	0	0	0	0
6.00 Swing bed - NF	0	0	0	0	0
7.00 SKILLED NURSING FACILITY	0	0	0	0	0
8.00 NURSING FACILITY	0	0	0	0	0
9.00 HOME HEALTH AGENCY I	0	0	0	0	0
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00 CMHC I	0	0	0	0	0
200.00 Total	0	87,840	-5,855	0	0

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: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 1:43 pm				
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1425 NORTH RANDALL ROAD			PO Box:						1.00	
2.00	City: ELGIN			State: IL		Zip Code: 60123		County: KANE		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		ADVOCATE SHERMAN HOSPITAL	140030	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										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 - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					05/01/2013	12/31/2013		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		
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)					N	Y		22.01		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.		5,745	1,746	0	0	555	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid 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		25.00		
						Urban/Rural Status	Date of Geogra				
						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			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 1:43 pm		
		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	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVIII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)				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, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted I ME 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 I ME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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	
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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 Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
64.00	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. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010. Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 1:43 pm	
	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
<b>Inpatient Psychiatric Facility PPS</b>							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N			70.00
71.00	If line 70 yes: Column 1: Did the facility have 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)					0	71.00
<b>Inpatient Rehabilitation Facility PPS</b>							
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		
<b>Long Term Care Hospital PPS</b>							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
<b>TEFRA Providers</b>							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
<b>Title V and XIX Services</b>							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		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
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)						106.00

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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)				107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.		N		108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.				109.00	
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If 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.		1			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	0	928,256		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			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
<b>All Providers</b>						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	14H036		140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 1:43 pm			
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: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600					
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				Y	145.00	
				1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
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.				Y	167.00	
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)				0	168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)				0.25	169.00	
				Beginni ng	Endi ng		
				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)			05/01/2013	12/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 1:43 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/25/2014	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 1:43 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N	2.00	N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
			Y/N 1.00	Date 2.00	
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
			1.00	2.00	
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CAROLYN		CEKAL	41.00
42.00	Enter the employer/company name of the cost report preparer	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5769		CAROLYN.CEKAL@ADVOCATEHEALTH.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 1:43 pm
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/25/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		CSR REIMBURSEMENT SPECIALIST	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: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	225	55,125	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)		225	55,125	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	30	7,350	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	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)		255	62,475	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	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			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)		255				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	14,543	7,491	31,653			1.00
2.00 HMO and other (see instructions)	630	555				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	14,543	7,491	31,653			7.00
8.00 INTENSIVE CARE UNIT	2,599	0	4,306			8.00
9.00 CORONARY CARE UNIT	0	0	0			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		0	5,366			13.00
14.00 Total (see instructions)	17,142	7,491	41,325	0.00	1,454.44	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	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	65			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)				0.00	1,454.44	27.00
28.00 Observation Bed Days		0	3,444			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)	0	0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,779	1,442	9,711	1.00
2.00	HMO and other (see instructions)			149			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,779	1,442	9,711	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	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
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	68,506,289	0	68,506,289	2,094,437.49	32.71
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
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	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		228,008	0	228,008	2,542.00	89.70
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		244,118	35,611	279,729	7,645.13	36.59
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		584,281	0	584,281	8,579.75	68.10
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		6,142,857	0	6,142,857	92,819.00	66.18
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
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		13,518,010	0	13,518,010		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		54,513	0	54,513		
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		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
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)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	1,891,757	-1,452,049	439,708	15,641.61	28.11
27.00	Administrative & General	5.00	10,192,199	189,484	10,381,683	313,117.73	33.16
28.00	Administrative & General under contract (see inst.)		1,118,300	0	1,118,300	10,204.06	109.59
29.00	Maintenance & Repairs	6.00	0	602,811	602,811	19,127.15	31.52
30.00	Operation of Plant	7.00	1,601,126	-568,465	1,032,661	43,614.38	23.68
31.00	Laundry & Linen Service	8.00	90,374	1,939	92,313	5,450.38	16.94
32.00	Housekeeping	9.00	1,244,847	28,057	1,272,904	88,441.21	14.39
33.00	Housekeeping under contract (see instructions)		71,329	0	71,329	1,412.00	50.52
34.00	Dietary	10.00	1,307,889	-618,181	689,708	28,012.31	24.62
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	454,353	454,353	26,944.12	16.86
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	777,831	16,685	794,516	17,947.07	44.27
39.00	Central Services and Supply	14.00	601,645	-485,641	116,004	19,277.10	6.02
40.00	Pharmacy	15.00	1,981,629	42,508	2,024,137	50,472.70	40.10
41.00	Medical Records & Medical Records Library	16.00	878,894	19,279	898,173	38,561.25	23.29

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	833,201	17,873	851,074	22,391.17	38.01	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2014 1:43 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	69,467,910	0	69,467,910	2,103,511.55	33.02	1.00
2.00	Excluded area salaries (see instructions)	244,118	35,611	279,729	7,645.13	36.59	2.00
3.00	Subtotal salaries (line 1 minus line 2)	69,223,792	-35,611	69,188,181	2,095,866.42	33.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,727,138	0	6,727,138	101,398.75	66.34	4.00
5.00	Subtotal wage-related costs (see inst.)	13,518,010	0	13,518,010	0.00	19.54	5.00
6.00	Total (sum of lines 3 thru 5)	89,468,940	-35,611	89,433,329	2,197,265.17	40.70	6.00
7.00	Total overhead cost (see instructions)	22,591,021	-1,751,347	20,839,674	700,614.24	29.74	7.00



HOSPITAL WAGE RELATED COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 1:43 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,047,923 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			5,873,445 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			276,737 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			81,561 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)			152,559 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			378,329 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			4,285,803 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			45,168 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			81,865 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			349,132 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			13,572,522 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	MISC EMPLOYEE BENEFITS			104,596 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/28/2014 1:43 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		584,281	13,572,522
2.00	Hospital		584,281	13,572,522
3.00	Subprovider - IPF		0	0
4.00	Subprovider - IRF		0	0
5.00	Subprovider - (Other)		0	0
6.00	Swing Beds - SNF		0	0
7.00	Swing Beds - NF		0	0
8.00	Hospital-Based SNF		0	0
9.00	Hospital-Based NF		0	0
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0
12.00	Separately Certified ASC		0	0
13.00	Hospital-Based Hospice		0	0
14.00	Hospital-Based Health Clinic RHC		0	0
15.00	Hospital-Based Health Clinic FQHC		0	0
16.00	Hospital-Based-CMHC		0	0
16.10	Hospital-Based-CMHC 10		0	0
17.00	Renal Dialysis		0	0
18.00	Other		0	0

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 1:43 pm
				1.00
<b>Uncompensated and indigent care cost computation</b>				
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.225498	1.00
<b>Medicaid (see instructions for each line)</b>				
2.00	Net revenue from Medicaid		11,959,438	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		81,763,276	6.00
7.00	Medicaid cost (line 1 times line 6)		18,437,455	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)		6,478,017	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>				
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
<b>Other state or local government indigent care program (see instructions for each line)</b>				
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
<b>Uncompensated care (see instructions for each line)</b>				
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)		6,478,017	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	20,525,465	0	20,525,465
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,628,451	0	4,628,451
22.00	Partial payment by patients approved for charity care	0	0	0
23.00	Cost of charity care (line 21 minus line 22)	4,628,451	0	4,628,451
				1.00
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,385,790	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		385,976	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		14,999,814	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,382,428	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		8,010,879	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,488,896	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/28/2014 1:43 pm
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)
	1.00	2.00	3.00	4.00	5.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT		5,589,564	5,589,564	8,502,852	14,092,416
1.01 00101 CAP REL COSTS-BLDG & FIXT-CANCER CTR		0	0	147,721	147,721
1.02 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST		0	0	602,691	602,691
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	6,229,556	6,229,556
3.00 00300 OTHER CAP REL COSTS		0	0	0	0
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,891,757	13,749,652	15,641,409	-758,502	14,882,907
5.01 00510 NONPATIENT TELEPHONES	273,526	830,025	1,103,551	-188,973	914,578
5.02 00520 DATA PROCESSING	1,515,326	5,896,977	7,412,303	-640,768	6,771,535
5.03 00530 PURCHASING RECEIVING AND STORES	298,881	198,448	497,329	5,143	502,472
5.04 00540 ADMITTING	1,590,336	163,451	1,753,787	34,114	1,787,901
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	889,697	1,183,677	2,073,374	18,465	2,091,839
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	5,624,433	20,012,926	25,637,359	-2,126,045	23,511,314
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	2,902,535	2,902,535
7.00 00700 OPERATION OF PLANT	1,342,768	4,244,128	5,586,896	-2,474,837	3,112,059
7.01 00701 OPERATION OF PLANT - CENTER STREET	258,358	844,451	1,102,809	-543,971	558,838
8.00 00800 LAUNDRY & LINEN SERVICE	90,374	172,220	262,594	1,573	264,167
9.00 00900 HOUSEKEEPING	1,244,847	413,906	1,658,753	-57,904	1,600,849
10.00 01000 DIETARY	1,307,889	892,093	2,199,982	-1,478,356	721,626
11.00 01100 CAFETERIA	0	0	0	1,187,223	1,187,223
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300 NURSING ADMINISTRATION	777,831	96,997	874,828	13,042	887,870
14.00 01400 CENTRAL SERVICES & SUPPLY	601,645	1,574,687	2,176,332	-1,496,176	680,156
15.00 01500 PHARMACY	1,981,629	8,281,842	10,263,471	-7,609,164	2,654,307
16.00 01600 MEDICAL RECORDS & LIBRARY	878,894	981,217	1,860,111	18,567	1,878,678
17.00 01700 SOCIAL SERVICE	833,201	203,959	1,037,160	17,873	1,055,033
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
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	0
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	12,393,283	1,651,128	14,044,411	-410,728	13,633,683
31.00 03100 INTENSIVE CARE UNIT	3,319,003	685,250	4,004,253	-307,818	3,696,435
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
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 - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	1,362,890	222,113	1,585,003	-39,820	1,545,183
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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	4,890,165	14,006,595	18,896,760	-10,509,685	8,387,075
51.00 05100 RECOVERY ROOM	1,641,489	402,554	2,044,043	-183,290	1,860,753
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,161,253	1,283,959	4,445,212	-238,614	4,206,598
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,317,343	5,902,023	10,219,366	-2,224,414	7,994,952
55.00 05500 RADIOLOGY-THERAPEUTIC	252,417	1,039,868	1,292,285	-227,325	1,064,960
56.00 05600 RADIOISOTOPE	0	0	0	0	0
57.00 05700 CT SCAN	712,528	589,738	1,302,266	-397,788	904,478
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	242,396	355,667	598,063	-265,229	332,834
59.00 05900 CARDIAC CATHETERIZATION	821,207	2,469,342	3,290,549	-1,521,672	1,768,877
60.00 06000 LABORATORY	1,980,773	3,397,598	5,378,371	-1,570,634	3,807,737
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	0	0	0	0	0
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	905,350	301,232	1,206,582	-105,434	1,101,148
65.00 06500 RESPIRATORY THERAPY	1,222,304	372,980	1,595,284	-101,391	1,493,893
66.00 06600 PHYSICAL THERAPY	1,839,452	105,607	1,945,059	29,002	1,974,061
67.00 06700 OCCUPATIONAL THERAPY	245,270	103,674	348,944	3,877	352,821
68.00 06800 SPEECH PATHOLOGY	84,081	31,721	115,802	2,074	117,876
69.00 06900 ELECTROCARDIOLOGY	1,440,216	2,512,726	3,952,942	-2,027,995	1,924,947
70.00 07000 ELECTROENCEPHALOGRAPHY	198,361	64,946	263,307	-18,882	244,425
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	11,440,116	11,440,116
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,930,475	6,930,475
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,602,886	7,602,886
74.00 07400 RENAL DIALYSIS	0	626,968	626,968	-12,249	614,719

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet A	
							Date/Time Prepared: 5/28/2014 1:43 pm	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	200,813	79,533	280,346	-32,133	248,213	76.00
76.01	03951	DIABETES CENTER	130,362	47,704	178,066	-630	177,436	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	183,753	183,753	76.02
76.97	07697	CARDIAC REHABILITATION	186,509	124,249	310,758	2,173	312,931	76.97
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
91.00	09100	EMERGENCY	5,313,314	2,617,587	7,930,901	-72,707	7,858,194	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	8,290,960	8,290,960	-8,290,960	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)	68,262,171	112,615,942	180,878,113	-58,383	180,819,730	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	COMMUNITY WELLNESS/EDUCATION	44,830	4,866	49,696	45,803	95,499	194.00
194.01	07951	PHYSICIAN REFERRAL	199,288	236,361	435,649	12,580	448,229	194.01
200.00		TOTAL (SUM OF LINES 118-199)	68,506,289	112,857,169	181,363,458	0	181,363,458	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet A  
Date/Time Prepared:  
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	554,924	14,647,340	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR	-126,561	21,160	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	841,621	1,444,312	1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,891,426	13,120,982	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,120,885	17,003,792	4.00
5.01	00510	NONPATIENT TELEPHONES	-187,314	727,264	5.01
5.02	00520	DATA PROCESSING	2,267,811	9,039,346	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	502,472	5.03
5.04	00540	ADMITTING	0	1,787,901	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-679,431	1,412,408	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-7,410,437	16,100,877	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,902,535	6.00
7.00	00700	OPERATION OF PLANT	-38,608	3,073,451	7.00
7.01	00701	OPERATION OF PLANT - CENTER STREET	-22,469	536,369	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	264,167	8.00
9.00	00900	HOUSEKEEPING	0	1,600,849	9.00
10.00	01000	DIETARY	-119,765	601,861	10.00
11.00	01100	CAFETERIA	-649,841	537,382	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-6,320	881,550	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-15,954	664,202	14.00
15.00	01500	PHARMACY	-8,700	2,645,607	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-93,203	1,785,475	16.00
17.00	01700	SOCIAL SERVICE	-54,915	1,000,118	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	18.00
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	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-164,284	13,469,399	30.00
31.00	03100	INTENSIVE CARE UNIT	-31,579	3,664,856	31.00
32.00	03200	CORONARY CARE UNIT	0	0	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 - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	-99,915	1,445,268	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-944,075	7,443,000	50.00
51.00	05100	RECOVERY ROOM	0	1,860,753	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-536,659	3,669,939	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-516,398	7,478,554	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-60,020	1,004,940	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	-9,542	894,936	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	332,834	58.00
59.00	05900	CARDIAC CATHETERIZATION	-11,575	1,757,302	59.00
60.00	06000	LABORATORY	-756,095	3,051,642	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	-85,658	1,015,490	64.00
65.00	06500	RESPIRATORY THERAPY	-18,665	1,475,228	65.00
66.00	06600	PHYSICAL THERAPY	-1,375	1,972,686	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	352,821	67.00
68.00	06800	SPEECH PATHOLOGY	0	117,876	68.00
69.00	06900	ELECTROCARDIOLOGY	-57,353	1,867,594	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	244,425	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,440,116	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	6,930,475	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,602,886	73.00
74.00	07400	RENAL DIALYSIS	0	614,719	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	WOUND CARE CENTER	-9,915	238,298	76.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

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Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
76.01	03951 DIABETES CENTER	-25,546	151,890	76.01
76.02	03952 CLINICAL NUTRITION	0	183,753	76.02
76.97	07697 CARDIAC REHABILITATION	-41,457	271,474	76.97
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
91.00	09100 EMERGENCY	-1,215,056	6,643,138	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)	-1,322,018	179,497,712	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	-21,466	74,033	194.00
194.01	07951 PHYSICIAN REFERRAL	-3,210	445,019	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-1,346,694	180,016,764	200.00

RECLASSIFICATIONS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

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>A - RECLASS BILLABLE MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,440,116	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	243,685	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
TOTALS			0	11,683,801	
<b>B - RECLASS DRUGS CHARGED TO PATIENTS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,602,886	1.00
TOTALS			0	7,602,886	
<b>C - RECLASS IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,930,475	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
TOTALS			0	6,930,475	
<b>D - RECLASS MAINTENANCE &amp; REPAIR COSTS</b>					
1.00	MAINTENANCE & REPAIRS	6.00	590,152	2,299,724	1.00
2.00		0.00	0	0	2.00
TOTALS			590,152	2,299,724	
<b>E - RECLASS STERILE PROCESSING COSTS</b>					
1.00		0.00	0	0	1.00
33.00	OPERATING ROOM	50.00	205,604	355,664	33.00
34.00	DELIVERY ROOM & LABOR ROOM	52.00	32,103	55,534	34.00
35.00	CARDIAC CATHETERIZATION	59.00	85,937	148,658	35.00
36.00	ELECTROCARDIOLOGY	69.00	49,447	85,535	36.00
37.00	CENTRAL SERVICES & SUPPLY	14.00	37,079	64,142	37.00
38.00	EMERGENCY	91.00	119,954	207,502	38.00
TOTALS			530,124	917,035	
<b>F - RECLASS CLINICAL NUTRITION</b>					
1.00	CLINICAL NUTRITION	76.02	187,854	0	1.00
TOTALS			187,854	0	
<b>G - RECLASS CAFETERIA COSTS</b>					
1.00	CAFETERIA	11.00	444,811	732,870	1.00
TOTALS			444,811	732,870	
<b>H - RECLASS ALLOCATED EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	694,042	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
TOTALS			0	694,042	
<b>I - RECLASS PROPERTY INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	22,893	1.00
TOTALS			0	22,893	



RECLASSIFICATIONS

Provider CCN: 140030

Period:  
From 05/01/2013  
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>J - RECLASS NON-REIMB COMM WELLNESS</b>					
1.00	COMMUNITY WELLNESS/EDUCATION	194.00	29,736	14,467	1.00
<b>TOTALS</b>			29,736	14,467	
<b>K - RECLASS DEPRECIATION/AMORTIZATION</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	188,999	1.00
2.00	CAP REL COSTS-BLDG & FIXT-CANCER CTR	1.01	0	147,721	2.00
3.00	CAP REL COSTS-BLDG & FIXT-CENTER ST	1.02	0	602,691	3.00
4.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	6,229,556	4.00
5.00	PHYSICIAN REFERRAL	194.01	0	8,305	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
<b>TOTALS</b>			0	7,177,272	
<b>L - RECLASS VACATION/BONUS/INCENTIVE</b>					
1.00	NONPATIENT TELEPHONES	5.01	5,867	0	1.00
2.00	DATA PROCESSING	5.02	33,731	0	2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	6,411	0	3.00
4.00	ADMINITTING	5.04	34,114	0	4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	19,085	0	5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	120,012	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	12,659	0	7.00
8.00	OPERATION OF PLANT	7.00	18,266	0	8.00
9.00	OPERATION OF PLANT - CENTER STREET	7.01	3,421	0	9.00
10.00	LAUNDRY & LINEN SERVICE	8.00	1,939	0	10.00
11.00	HOUSEKEEPING	9.00	28,057	0	11.00
12.00	DIETARY	10.00	14,484	0	12.00
13.00	CAFETERIA	11.00	9,542	0	13.00
14.00	NURSING ADMINISTRATION	13.00	16,685	0	14.00
15.00	CENTRAL SERVICES & SUPPLY	14.00	7,404	0	15.00
16.00	PHARMACY	15.00	42,508	0	16.00
17.00	MEDICAL RECORDS & LIBRARY	16.00	19,279	0	17.00
18.00	SOCIAL SERVICE	17.00	17,873	0	18.00
19.00	ADULTS & PEDIATRICS	30.00	267,400	0	19.00
20.00	INTENSIVE CARE UNIT	31.00	71,286	0	20.00
21.00	NURSERY	43.00	29,235	0	21.00
22.00	OPERATING ROOM	50.00	112,511	0	22.00
23.00	RECOVERY ROOM	51.00	35,460	0	23.00
24.00	DELIVERY ROOM & LABOR ROOM	52.00	68,997	0	24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	96,120	0	25.00

RECLASSIFICATIONS

Provider CCN: 140030

Period:  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
26.00	RADIOLOGY-THERAPEUTIC	55.00	5,415	0		26.00
27.00	CT SCAN	57.00	15,284	0		27.00
28.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	5,200	0		28.00
29.00	CARDIAC CATHETERIZATION	59.00	21,702	0		29.00
30.00	LABORATORY	60.00	42,490	0		30.00
31.00	INTRAVENOUS THERAPY	64.00	20,557	0		31.00
32.00	RESPIRATORY THERAPY	65.00	26,220	0		32.00
33.00	PHYSICAL THERAPY	66.00	39,458	0		33.00
34.00	OCCUPATIONAL THERAPY	67.00	7,130	0		34.00
35.00	SPEECH PATHOLOGY	68.00	2,452	0		35.00
36.00	ELECTROCARDIOLOGY	69.00	31,955	0		36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	4,255	0		37.00
38.00	WOUND CARE CENTER	76.00	4,308	0		38.00
39.00	DIABETES CENTER	76.01	2,796	0		39.00
40.00	CLINICAL NUTRITION	76.02	4,030	0		40.00
41.00	CARDIAC REHABILITATION	76.97	4,001	0		41.00
42.00	EMERGENCY	91.00	116,575	0		42.00
43.00	COMMUNITY WELLNESS/EDUCATION	194.00	1,600	0		43.00
44.00	PHYSICIAN REFERRAL	194.01	4,275	0		44.00
	TOTALS		1,452,049	0		
M - RECLASS INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	8,290,960		1.00
	TOTALS		0	8,290,960		
500.00	Grand Total: Increases		3,234,726	46,366,425		500.00

RECLASSIFICATIONS

Provider CCN: 140030

Period:  
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To 12/31/2013

Worksheet A-6  
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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>A - RECLASS BILLABLE MEDICAL SUPPLIES</b>						
1.00		0.00	0	0	0	1.00
2.00	OPERATION OF PLANT	7.00	0	5,084	0	2.00
3.00	DIETARY	10.00	0	57,600	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	2,546	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	96,888	0	5.00
6.00	PHARMACY	15.00	0	43,226	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	502,697	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	260,268	0	8.00
9.00	NURSERY	43.00	0	33,333	0	9.00
10.00	OPERATING ROOM	50.00	0	5,754,515	0	10.00
11.00	RECOVERY ROOM	51.00	0	163,350	0	11.00
12.00	DELIVERY ROOM & LABOR ROOM	52.00	0	267,689	0	12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	790,265	0	13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	8,835	0	14.00
15.00	CT SCAN	57.00	0	186,723	0	15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	93,730	0	16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	663,988	0	17.00
18.00	LABORATORY	60.00	0	1,509,539	0	18.00
19.00	INTRAVENOUS THERAPY	64.00	0	114,542	0	19.00
20.00	RESPIRATORY THERAPY	65.00	0	84,460	0	20.00
21.00	PHYSICAL THERAPY	66.00	0	5,969	0	21.00
22.00	OCCUPATIONAL THERAPY	67.00	0	2,214	0	22.00
23.00	SPEECH PATHOLOGY	68.00	0	378	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	551,682	0	24.00
25.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,956	0	25.00
26.00	RENAL DIALYSIS	74.00	0	6,456	0	26.00
27.00	WOUND CARE CENTER	76.00	0	33,367	0	27.00
28.00	DIABETES CENTER	76.01	0	3,426	0	28.00
29.00	CARDIAC REHABILITATION	76.97	0	1,828	0	29.00
30.00	EMERGENCY	91.00	0	431,247	0	30.00
	TOTALS		0	11,683,801		
<b>B - RECLASS DRUGS CHARGED TO PATIENTS</b>						
1.00	PHARMACY	15.00	0	7,602,886	0	1.00
	TOTALS		0	7,602,886		
<b>C - RECLASS IMPLANTABLE DEVICES</b>						
1.00	OPERATING ROOM	50.00	0	4,532,285	0	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	72,915	0	2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	886,358	0	3.00
4.00	ELECTROCARDIOLOGY	69.00	0	1,438,917	0	4.00
	TOTALS		0	6,930,475		
<b>D - RECLASS MAINTENANCE &amp; REPAIR COSTS</b>						
1.00	OPERATION OF PLANT	7.00	491,268	1,974,925	0	1.00
2.00	OPERATION OF PLANT - CENTER STREET	7.01	98,884	324,799	0	2.00
	TOTALS		590,152	2,299,724		
<b>E - RECLASS STERILE PROCESSING COSTS</b>						
1.00		0.00	0	0	0	1.00
33.00	CENTRAL SERVICES & SUPPLY	14.00	530,124	917,035	0	33.00
34.00		0.00	0	0	0	34.00
35.00		0.00	0	0	0	35.00
36.00		0.00	0	0	0	36.00
37.00		0.00	0	0	0	37.00
38.00		0.00	0	0	0	38.00
	TOTALS		530,124	917,035		
<b>F - RECLASS CLINICAL NUTRITION</b>						
1.00	DIETARY	10.00	187,854	0	0	1.00
	TOTALS		187,854	0		
<b>G - RECLASS CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	444,811	732,870	0	1.00
	TOTALS		444,811	732,870		
<b>H - RECLASS ALLOCATED EMPLOYEE BENEFITS</b>						
1.00	PURCHASING RECEIVING AND STORES	5.03	0	977	0	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	636,111	0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	52,999	0	3.00
4.00	EMERGENCY	91.00	0	3,955	0	4.00
	TOTALS		0	694,042		
<b>I - RECLASS PROPERTY INSURANCE</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	22,893	12	1.00
	TOTALS		0	22,893		

RECLASSIFICATIONS

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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>J - RECLASS NON-REIMB COMM WELLNESS</b>							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	29,736	14,467	0		1.00
	TOTALS		29,736	14,467			
<b>K - RECLASS DEPRECIATION/AMORTIZATION</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	495	9		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	194,840	9		2.00
3.00	DATA PROCESSING	5.02	0	674,499	9		3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	291	9		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	620	9		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,786,535	9		6.00
7.00	OPERATION OF PLANT	7.00	0	21,826	9		7.00
8.00	OPERATION OF PLANT - CENTER STREET	7.01	0	123,709	9		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	366	9		9.00
10.00	HOUSEKEEPING	9.00	0	85,961	9		10.00
11.00	DIETARY	10.00	0	69,705	9		11.00
12.00	NURSING ADMINISTRATION	13.00	0	1,097	9		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	60,754	9		13.00
14.00	PHARMACY	15.00	0	5,560	9		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	712	9		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	175,431	9		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	118,836	9		17.00
18.00	NURSERY	43.00	0	35,722	9		18.00
19.00	OPERATING ROOM	50.00	0	896,664	9		19.00
20.00	RECOVERY ROOM	51.00	0	55,400	9		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	127,559	9		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,404,355	9		22.00
23.00	RADIOLOGY-THERAPEUTIC	55.00	0	223,905	9		23.00
24.00	CT SCAN	57.00	0	226,349	9		24.00
25.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	176,699	9		25.00
26.00	CARDIAC CATHETERIZATION	59.00	0	227,623	9		26.00
27.00	LABORATORY	60.00	0	103,585	9		27.00
28.00	INTRAVENOUS THERAPY	64.00	0	11,449	9		28.00
29.00	RESPIRATORY THERAPY	65.00	0	43,151	9		29.00
30.00	PHYSICAL THERAPY	66.00	0	4,487	9		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	1,039	9		31.00
32.00	ELECTROCARDIOLOGY	69.00	0	204,333	9		32.00
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	15,181	9		33.00
34.00	RENAL DIALYSIS	74.00	0	5,793	9		34.00
35.00	WOUND CARE CENTER	76.00	0	3,074	9		35.00
36.00	CLINICAL NUTRITION	76.02	0	8,131	9		36.00
37.00	EMERGENCY	91.00	0	81,536	9		37.00
	TOTALS		0	7,177,272			
<b>L - RECLASS VACATION/BONUS/INCENTIVE</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	1,452,049	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
14.00		0.00	0	0	0		14.00
15.00		0.00	0	0	0		15.00
16.00		0.00	0	0	0		16.00
17.00		0.00	0	0	0		17.00
18.00		0.00	0	0	0		18.00
19.00		0.00	0	0	0		19.00
20.00		0.00	0	0	0		20.00
21.00		0.00	0	0	0		21.00
22.00		0.00	0	0	0		22.00
23.00		0.00	0	0	0		23.00
24.00		0.00	0	0	0		24.00
25.00		0.00	0	0	0		25.00

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Period:  
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To 12/31/2013

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		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.		
	6.00	7.00	8.00	9.00	10.00			
26.00		0.00	0	0	0	0		26.00
27.00		0.00	0	0	0	0		27.00
28.00		0.00	0	0	0	0		28.00
29.00		0.00	0	0	0	0		29.00
30.00		0.00	0	0	0	0		30.00
31.00		0.00	0	0	0	0		31.00
32.00		0.00	0	0	0	0		32.00
33.00		0.00	0	0	0	0		33.00
34.00		0.00	0	0	0	0		34.00
35.00		0.00	0	0	0	0		35.00
36.00		0.00	0	0	0	0		36.00
37.00		0.00	0	0	0	0		37.00
38.00		0.00	0	0	0	0		38.00
39.00		0.00	0	0	0	0		39.00
40.00		0.00	0	0	0	0		40.00
41.00		0.00	0	0	0	0		41.00
42.00		0.00	0	0	0	0		42.00
43.00		0.00	0	0	0	0		43.00
44.00		0.00	0	0	0	0		44.00
	TOTALS		1,452,049	0				
M - RECLASS INTEREST EXPENSE								
1.00	INTEREST EXPENSE	113.00	0	8,290,960		11		1.00
	TOTALS		0	8,290,960				
500.00	Grand Total: Decreases		3,234,726	46,366,425				500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

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	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	8,720,000	850,000	0	850,000	0 1.00
2.00	Land Improvements	5,924,017	430,789	0	430,789	29,360 2.00
3.00	Buildings and Fixtures	218,531,262	200,946	0	200,946	264,879 3.00
4.00	Building Improvements	0	0	0	0	0 4.00
5.00	Fixed Equipment	0	0	0	0	0 5.00
6.00	Movable Equipment	35,707,816	1,864,559	0	1,864,559	7,045 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	268,883,095	3,346,294	0	3,346,294	301,284 8.00
9.00	Reconciling Items	-2,758,819	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	271,641,914	3,346,294	0	3,346,294	301,284 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	9,570,000	0			1.00
2.00	Land Improvements	6,325,446	73,208			2.00
3.00	Buildings and Fixtures	218,467,329	0			3.00
4.00	Building Improvements	0	1,023,311			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	37,565,330	6,446,510			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	271,928,105	7,543,029			8.00
9.00	Reconciling Items	-2,758,819	0			9.00
10.00	Total (line 8 minus line 9)	274,686,924	7,543,029			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

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	5,589,564	0	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CANCER CTR	0	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	0	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,589,564	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	5,589,564				1.00
1.01	CAP REL COSTS-BLDG & FIXT-CANCER CTR	0	0				1.01
1.02	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0				1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	5,589,564				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140030

Period:  
From 05/01/2013  
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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	0	0	0	1.000000	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CANCER CTR	0	0	0	0.000000	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	0.000000	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	11,263,439	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CANCER CTR	0	0	0	21,160	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	0	1,443,296	0	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	12,228,628	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	24,956,523	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	3,005,625	22,893	0	355,383	14,647,340	1.00
1.01	CAP REL COSTS-BLDG & FIXT-CANCER CTR	0	0	0	0	21,160	1.01
1.02	CAP REL COSTS-BLDG & FIXT-CENTER ST	1,016	0	0	0	1,444,312	1.02
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	892,354	13,120,982	2.00
3.00	Total (sum of lines 1-2)	3,006,641	22,893	0	1,247,737	29,233,794	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet A-8

Date/Time Prepared:  
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Line #	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		4.00
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-5,285,335	CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT-CANCER CTR (chapter 2)			OCAP REL COSTS-BLDG & FIXT-CANCER CTR		1.01		0 1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT-CENTER ST (chapter 2)	B	1,016	CAP REL COSTS-BLDG & FIXT-CENTER ST		1.02	11	1.02
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP 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)	A	-29,679	NONPATIENT TELEPHONES		5.01		0 7.00
8.00	Television and radio service (chapter 21)	A	-36,421	OPERATION OF PLANT		7.00		0 8.00
9.00	Parking lot (chapter 21)		0			0.00		0 9.00
10.00	Provider-based physician adjustment	A-8-2	-3,211,544					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	9,481,684					0 12.00
13.00	Laundry and linen service		0			0.00		0 13.00
14.00	Cafeteria-employees and guests	B	-649,841	CAFETERIA		11.00		0 14.00
15.00	Rental of quarters to employee and others		0			0.00		0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00	Sale of drugs to other than patients		0			0.00		0 17.00
18.00	Sale of medical records and abstracts	B	-93,203	MEDICAL RECORDS & LIBRARY		16.00		0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00		0 19.00
20.00	Vending machines		0			0.00		0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	B	-1,334,101	OTHER ADMINISTRATIVE AND GENERAL		5.06		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		ORESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF		114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT			OCAP REL COSTS-BLDG & FIXT		1.00		0 26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT-CANCER CTR			OCAP REL COSTS-BLDG & FIXT-CANCER CTR		1.01		0 26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT-CENTER ST			OCAP REL COSTS-BLDG & FIXT-CENTER ST		1.02		0 26.02
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00	Non-physician Anesthetist			ONONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00	Physicians' assistant			0		0.00		0 29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY		67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140030

Period:  
From 05/01/2013  
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Worksheet A-8

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Line #	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 #		
				3.00	4.00	5.00	
30.99	Hospice (non-distinct) (see instructions)	B	-47,168	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00
33.00	MEDICAID TAX/ASSESSMENT FEE	A	-8,948,447	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.00
33.01	GAIN ON ASSET DISPOSAL	B	-939	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.01
33.02	ANSWERING SERVICE INCOME	B	-157,635	NONPATIENT TELEPHONES	5.01		0 33.02
33.03	BILLING SERVICE INCOME	B	-662,986	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 33.03
33.04	MISC A&G INCOME	B	-185,315	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.04
33.05	MISC OPERATION OF PLANT INCOME	B	-2,187	OPERATION OF PLANT	7.00		0 33.05
33.06	MISC OPERATION OF PLANT - CENTER ST	B	-22,469	OPERATION OF PLANT - CENTER STREET	7.01		0 33.06
33.07	MISC DIETARY INCOME	B	-119,765	DIETARY	10.00		0 33.07
33.08	MISC NURSING ADMIN INCOME	B	-4,780	NURSING ADMINISTRATION	13.00		0 33.08
33.09	MISC CENTRAL SUPPLY INCOME	B	-15,954	CENTRAL SERVICES & SUPPLY	14.00		0 33.09
33.10	MISC PHARMACY INCOME	B	-8,700	PHARMACY	15.00		0 33.10
33.11	MISC ADULTS&PDS INCOME	B	-31,700	ADULTS & PEDIATRICS	30.00		0 33.11
33.12	MISC OPERATING ROOM INCOME	B	-264,662	OPERATING ROOM	50.00		0 33.12
33.13	MISC RAD-DIAG INCOME	B	-8,355	RADIOLOGY-DIAGNOSTIC	54.00		0 33.13
33.14	MISC RAD-THER INCOME	B	-128	RADIOLOGY-THERAPEUTIC	55.00		0 33.14
33.15	MISC CARDIAC CATH INCOME	B	-1,660	CARDIAC CATHETERIZATION	59.00		0 33.15
33.16	MISC LAB INCOME	B	-713,899	LABORATORY	60.00		0 33.16
33.17	MISC IV THERAPY INCOME	B	-84,579	INTRAVENOUS THERAPY	64.00		0 33.17
33.18	MISC PHYSICAL THERAPY INCOME	B	-1,375	PHYSICAL THERAPY	66.00		0 33.18
33.19	MISC EKG INCOME	B	-14,524	ELECTROCARDIOLOGY	69.00		0 33.19
33.20	MISC DIABETES CENTER INCOME	B	-7,949	DIABETES CENTER	76.01		0 33.20
33.21	MISC CARDIAC REHAB INCOME	B	-30,292	CARDIAC REHABILITATION	76.97		0 33.21
33.22	MISC EMERGENCY INCOME	B	-427,733	EMERGENCY	91.00		0 33.22
33.23	MISC EDUCATION INCOME	B	-21,466	COMMUNITY WELLNESS/EDUCATION	194.00		0 33.23
33.24	CONSUMER FINANCE CHARGE INCOME	B	-16,445	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 33.24
33.25	IHA LOBBYING EXPENSE	A	-23,312	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 33.25
33.26	MEDICARE DEPR EXP - BLDG/FIXT	A	5,484,876	CAP REL COSTS-BLDG & FIXT	1.00		9 33.26
33.27	MEDICARE DEPR EXP- BLDG CANCER CTR	A	-126,561	CAP REL COSTS-BLDG & FIXT-CANCER CTR	1.01		9 33.27
33.28	MEDICARE DEPR EXP - BLDG CENTER ST	A	840,605	CAP REL COSTS-BLDG & FIXT-CENTER ST	1.02		9 33.28
33.29	MEDICARE DEPR EXP - EQUIPMENT	A	6,000,011	CAP REL COSTS-MVBLE EQUIP	2.00		9 33.29
34.00	MISC NON-ALLOWABLE EXPENSE	A	-73,625	EMPLOYEE BENEFITS DEPARTMENT	4.00		0 34.00
34.01	MISC NON-ALLOWABLE EXPENSE	A	-450,125	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 34.01
34.02	MISC NON-ALLOWABLE EXPENSE	A	-1,540	NURSING ADMINISTRATION	13.00		0 34.02
34.03	MISC NON-ALLOWABLE EXPENSE	A	-1,767	ADULTS & PEDIATRICS	30.00		0 34.03
34.04	MISC NON-ALLOWABLE EXPENSE	A	-1,029	OPERATING ROOM	50.00		0 34.04
34.05	MISC NON-ALLOWABLE EXPENSE	A	-7,426	RADIOLOGY-DIAGNOSTIC	54.00		0 34.05
34.06	MISC NON-ALLOWABLE EXPENSE	A	-1,079	INTRAVENOUS THERAPY	64.00		0 34.06
34.07	MISC NON-ALLOWABLE EXPENSE	A	-1,682	DIABETES CENTER	76.01		0 34.07
34.08	MISC NON-ALLOWABLE EXPENSE	A	-22,294	EMERGENCY	91.00		0 34.08
34.09	MISC NON-ALLOWABLE EXPENSE	A	-3,210	PHYSICIAN REFERRAL	194.01		0 34.09
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,346,694				50.00

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

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet A-8-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	CAPITAL - BUILDINGS/FIXTURES	355,383	0
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	CAPITAL - EQUIPMENT	892,354	0
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	EMPLOYEE BENEFITS	2,194,510	0
4.00	5.02	DATA PROCESSING	DATA PROCESSING	2,267,811	0
4.01	5.06	OTHER ADMINISTRATIVE AND GEN	ADMIN & GENERAL	4,100,524	328,898
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			9,810,582	328,898

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

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

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

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

6.00	B		0.00	SHERMAN HLTH SY	100.00	6.00
7.00	G		0.00	ADVOCATE	100.00	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:	OTHER				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: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet A-8-1

Date/Time Prepared:  
5/28/2014 1:43 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	355,383	14		1.00
2.00	892,354	14		2.00
3.00	2,194,510	0		3.00
4.00	2,267,811	0		4.00
4.01	3,771,626	0		4.01
5.00	9,481,684			5.00

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

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

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

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

6.00	HO (MAY)		6.00
7.00	HO (JUN-DEC)		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: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet A-8-2

Date/Time Prepared:  
5/28/2014 1:43 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06 AGGREGATE-OTHER ADMINISTRATIVE AND G	240,848	0	240,848	177,200	1	1.00
2.00	17.00 AGGREGATE-SOCIAL SERVICE	55,000	0	55,000	177,200	1	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	83,734	0	83,734	177,200	1	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	31,664	0	31,664	177,200	1	4.00
5.00	43.00 AGGREGATE-NURSERY	100,000	0	100,000	177,200	1	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	678,484	0	678,484	208,000	1	6.00
7.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	536,753	0	536,753	196,400	1	7.00
8.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	500,725	0	500,725	225,300	1	8.00
9.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	60,000	0	60,000	225,300	1	9.00
10.00	57.00 AGGREGATE-CT SCAN	9,650	0	9,650	225,300	1	10.00
11.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	10,000	0	10,000	177,200	1	11.00
12.00	60.00 AGGREGATE-LABORATORY	42,300	0	42,300	215,700	1	12.00
13.00	65.00 AGGREGATE-RESPIRATORY THERAPY	18,750	0	18,750	177,200	1	13.00
14.00	69.00 AGGREGATE-ELECTROCARDIOLOGY	42,914	0	42,914	177,200	1	14.00
15.00	76.00 AGGREGATE-WOUND CARE CENTER	10,000	0	10,000	177,200	1	15.00
16.00	76.01 AGGREGATE-DIABETES CENTER	16,000	0	16,000	177,200	1	16.00
17.00	76.97 AGGREGATE-CARDIAC REHABILITATION	11,250	0	11,250	177,200	1	17.00
18.00	91.00 AGGREGATE-EMERGENCY	765,114	0	765,114	177,200	1	18.00
200.00		3,213,186	0	3,213,186		18	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06 AGGREGATE-OTHER ADMINISTRATIVE AND G	85	4	0	0	0	1.00
2.00	17.00 AGGREGATE-SOCIAL SERVICE	85	4	0	0	0	2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	85	4	0	0	0	3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	85	4	0	0	0	4.00
5.00	43.00 AGGREGATE-NURSERY	85	4	0	0	0	5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	100	5	0	0	0	6.00
7.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	94	5	0	0	0	7.00
8.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	8.00
9.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	108	5	0	0	0	9.00
10.00	57.00 AGGREGATE-CT SCAN	108	5	0	0	0	10.00
11.00	59.00 AGGREGATE-CARDIAC CATHETERIZATION	85	4	0	0	0	11.00
12.00	60.00 AGGREGATE-LABORATORY	104	5	0	0	0	12.00
13.00	65.00 AGGREGATE-RESPIRATORY THERAPY	85	4	0	0	0	13.00
14.00	69.00 AGGREGATE-ELECTROCARDIOLOGY	85	4	0	0	0	14.00
15.00	76.00 AGGREGATE-WOUND CARE CENTER	85	4	0	0	0	15.00
16.00	76.01 AGGREGATE-DIABETES CENTER	85	4	0	0	0	16.00
17.00	76.97 AGGREGATE-CARDIAC REHABILITATION	85	4	0	0	0	17.00
18.00	91.00 AGGREGATE-EMERGENCY	85	4	0	0	0	18.00
200.00		1,642	78	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.06 AGGREGATE-OTHER ADMINISTRATIVE AND G	0	85	240,763	240,763		1.00
2.00	17.00 AGGREGATE-SOCIAL SERVICE	0	85	54,915	54,915		2.00
3.00	30.00 AGGREGATE-ADULTS & PEDIATRICS	0	85	83,649	83,649		3.00
4.00	31.00 AGGREGATE-INTENSIVE CARE UNIT	0	85	31,579	31,579		4.00
5.00	43.00 AGGREGATE-NURSERY	0	85	99,915	99,915		5.00
6.00	50.00 AGGREGATE-OPERATING ROOM	0	100	678,384	678,384		6.00
7.00	52.00 AGGREGATE-DELIVERY ROOM & LABOR ROOM	0	94	536,659	536,659		7.00
8.00	54.00 AGGREGATE-RADIOLOGY-DIAGNOSTIC	0	108	500,617	500,617		8.00
9.00	55.00 AGGREGATE-RADIOLOGY-THERAPEUTIC	0	108	59,892	59,892		9.00
10.00	57.00 AGGREGATE-CT SCAN	0	108	9,542	9,542		10.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet A-8-2

Date/Time Prepared:  
5/28/2014 1:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
11.00	59.00	AGGREGATE-CARDIAC CATHETERIZATION	0	85	9,915	9,915		11.00
12.00	60.00	AGGREGATE-LABORATORY	0	104	42,196	42,196		12.00
13.00	65.00	AGGREGATE-RESPIRATORY THERAPY	0	85	18,665	18,665		13.00
14.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	0	85	42,829	42,829		14.00
15.00	76.00	AGGREGATE-WOUND CARE CENTER	0	85	9,915	9,915		15.00
16.00	76.01	AGGREGATE-DIABETES CENTER	0	85	15,915	15,915		16.00
17.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	85	11,165	11,165		17.00
18.00	91.00	AGGREGATE-EMERGENCY	0	85	765,029	765,029		18.00
200.00			0	1,642	3,211,544	3,211,544		200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT-CANCER CTR	BLDG & FIXT-CENTER ST	MVBLE EQUIP	
		0	1.00	1.01	1.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	14,647,340	14,647,340			1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR	21,160	0	21,160		1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	1,444,312	0	0	1,444,312	1.02
2.00 00200	CAP REL COSTS-MVBLE EQUIP	13,120,982				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	17,003,792	91,546	0	0	4.00
5.01 00510	NONPATIENT TELEPHONES	727,264	27,434	0	0	5.01
5.02 00520	DATA PROCESSING	9,039,346	269,613	0	52,001	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	502,472	251,047	0	0	5.03
5.04 00540	ADMINISTRATIVE	1,787,901	105,187	0	0	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	1,412,408	0	0	0	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	16,100,877	281,420	0	758,197	5.06
6.00 00600	MAINTENANCE & REPAIRS	2,902,535	252,680	0	0	6.00
7.00 00700	OPERATION OF PLANT	3,073,451	2,936,447	0	0	7.00
7.01 00701	OPERATION OF PLANT - CENTER STREET	536,369	0	0	631,314	7.01
8.00 00800	LAUNDRY & LINEN SERVICE	264,167	128,802	0	0	8.00
9.00 00900	HOUSEKEEPING	1,600,849	159,828	0	0	9.00
10.00 01000	DIETARY	601,861	245,621	0	0	10.00
11.00 01100	CAFETERIA	537,382	326,741	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	881,550	34,870	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	664,202	85,918	0	0	14.00
15.00 01500	PHARMACY	2,645,607	143,524	0	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,785,475	182,941	0	0	16.00
17.00 01700	SOCIAL SERVICE	1,000,118	42,482	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	13,469,399	4,244,716	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	3,664,856	548,320	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	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	0	0	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	1,445,268	122,798	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,443,000	721,111	0	0	50.00
51.00 05100	RECOVERY ROOM	1,860,753	544,878	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,669,939	165,732	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	7,478,554	415,423	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,004,940	0	9,059	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	894,936	165,631	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	332,834	91,646	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,757,302	391,431	0	0	59.00
60.00 06000	LABORATORY	3,051,642	360,078	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	1,015,490	45,647	12,101	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,475,228	72,955	0	0	65.00
66.00 06600	PHYSICAL THERAPY	1,972,686	80,894	0	2,800	66.00
67.00 06700	OCCUPATIONAL THERAPY	352,821	20,349	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	117,876	21,706	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	1,867,594	167,239	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	244,425	174,776	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,440,116	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,930,475	0	0	0	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS					
		BLDG & FIXT	BLDG & FIXT-CANCER CTR	BLDG & FIXT-CENTER ST	MVBLE EQUIP		
		1.00	1.01	1.02	2.00		
73.00 07300 DRUGS CHARGED TO PATIENTS	7,602,886	0	0	0	0	73.00	
74.00 07400 RENAL DIALYSIS	614,719	0	0	0	6,681	74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00	
76.00 03950 WOUND CARE CENTER	238,298	17,083	0	0	6,303	76.00	
76.01 03951 DIABETES CENTER	151,890	0	0	0	314	76.01	
76.02 03952 CLINICAL NUTRITION	183,753	0	0	0	0	76.02	
76.97 07697 CARDIAC REHABILITATION	271,474	0	0	0	12,875	76.97	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
91.00 09100 EMERGENCY	6,643,138	674,559	0	0	299,912	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	179,497,712	14,613,073	21,160	1,444,312	13,117,998	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,267	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	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 COMMUNITY WELLNESS/EDUCATION	74,033	0	0	0	156	194.00	
194.01 07951 PHYSICIAN REFERRAL	445,019	0	0	0	2,828	194.01	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	180,016,764	14,647,340	21,160	1,444,312	13,120,982	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE		
		4.00	5.01	5.02	5.03	5.04		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	17,097,438				4.00	
5.01	00510	NONPATIENT TELEPHONES	70,180	1,302,991			5.01	
5.02	00520	DATA PROCESSING	389,103	40,741	12,305,551		5.02	
5.03	00530	PURCHASING RECEIVING AND STORES	76,685	10,913	205,872	1,145,688	5.03	
5.04	00540	ADMINISTRATIVE	408,041	27,646	393,029	287	2,723,193	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	228,274	21,826	383,671	45	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,435,461	136,047	1,693,768	1,383	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	151,418	14,550	65,505	724	0	6.00
7.00	00700	OPERATION OF PLANT	218,474	16,733	93,578	569	0	7.00
7.01	00701	OPERATION OF PLANT - CENTER STREET	40,917	0	46,789	77	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	23,188	1,455	9,358	6,107	0	8.00
9.00	00900	HOUSEKEEPING	319,737	6,548	28,074	1,054	0	9.00
10.00	01000	DIETARY	173,246	2,183	37,431	3,840	0	10.00
11.00	01100	CAFETERIA	114,128	9,458	112,294	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	199,572	7,275	37,431	174	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	29,139	8,003	37,431	15,144	0	14.00
15.00	01500	PHARMACY	508,437	18,188	187,157	291,465	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	225,609	24,736	355,598	51	0	16.00
17.00	01700	SOCIAL SERVICE	213,779	17,461	177,799	4	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	3,180,192	284,457	1,918,354	34,459	418,981	30.00
31.00	03100	INTENSIVE CARE UNIT	851,597	45,834	421,103	17,799	118,838	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	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	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	349,684	6,548	233,946	2,106	34,927	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,308,252	50,199	1,244,592	413,041	267,133	50.00
51.00	05100	RECOVERY ROOM	421,228	39,286	533,397	10,583	48,819	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	819,461	33,466	598,901	16,875	59,986	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,108,605	101,853	383,671	42,663	244,462	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	64,764	16,005	299,451	583	24,491	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	182,817	2,910	37,431	5,913	182,777	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	62,193	3,638	9,358	2,223	50,017	58.00
59.00	05900	CARDIAC CATHETERIZATION	233,314	19,643	224,588	68,646	59,316	59.00
60.00	06000	LABORATORY	508,217	44,379	449,176	76,711	261,865	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	232,576	36,376	149,725	7,283	14,808	64.00
65.00	06500	RESPIRATORY THERAPY	313,613	6,548	84,221	5,273	41,435	65.00
66.00	06600	PHYSICAL THERAPY	471,958	27,646	243,304	416	38,085	66.00
67.00	06700	OCCUPATIONAL THERAPY	63,400	8,730	0	131	6,608	67.00
68.00	06800	SPEECH PATHOLOGY	21,736	2,910	0	24	2,024	68.00
69.00	06900	ELECTROCARDIOLOGY	382,211	32,011	299,451	79,658	94,626	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50,895	8,003	37,431	466	7,001	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	171,884	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	70,355	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	304,250	73.00
74.00	07400	RENAL DIALYSIS	0	2,183	9,358	420	5,237	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	51,524	3,638	37,431	2,283	2,229	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
76.01	03951 DIABETES CENTER	33,448	6,548	56,147	221	1,040	76.01
76.02	03952 CLINICAL NUTRITION	48,199	0	0	0	341	76.02
76.97	07697 CARDIAC REHABILITATION	47,854	5,093	28,074	185	3,269	76.97
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
91.00	09100 EMERGENCY	1,394,048	151,324	1,076,151	36,547	188,389	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)	17,027,174	1,302,991	12,240,046	1,145,433	2,723,193	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	9,358	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	19,132	0	9,358	21	0	194.00
194.01	07951 PHYSICIAN REFERRAL	51,132	0	46,789	234	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	17,097,438	1,302,991	12,305,551	1,145,688	2,723,193	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/28/2014 1:43 pm			
Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR				1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST				1.02	
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	2,048,901			5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	20,549,331	20,549,331	5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	3,542,663	456,515	6.00	
7.00	00700	OPERATION OF PLANT	0	6,461,235	832,608	8,956,427	
7.01	00701	OPERATION OF PLANT - CENTER STREET	0	1,259,719	162,330	387,438	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	438,455	56,500	14,410	110,584
9.00	00900	HOUSEKEEPING	0	2,285,739	294,545	23,382	137,221
10.00	01000	DIETARY	0	1,102,580	142,081	70,147	210,879
11.00	01100	CAFETERIA	0	1,274,927	164,290	93,529	280,525
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	1,167,366	150,429	9,516	29,938
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,086,904	140,061	31,267	73,766
15.00	01500	PHARMACY	0	3,820,234	492,283	30,179	123,223
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,576,821	332,054	21,479	157,065
17.00	01700	SOCIAL SERVICE	0	1,451,643	187,062	10,875	36,473
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
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	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	314,861	24,259,292	3,126,138	537,520	3,644,327
31.00	03100	INTENSIVE CARE UNIT	89,432	6,020,388	775,799	78,847	470,763
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
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 - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	26,284	2,306,510	297,221	45,677	105,429
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	201,032	13,335,041	1,718,380	186,242	619,114
51.00	05100	RECOVERY ROOM	36,739	3,633,417	468,209	52,202	467,808
52.00	05200	DELIVERY ROOM & LABOR ROOM	45,142	5,705,600	735,235	102,773	142,290
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	183,971	12,700,244	1,636,579	107,395	356,664
55.00	05500	RADIOLOGY-THERAPEUTIC	18,430	1,896,574	244,396	3,535	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	137,550	2,115,645	272,626	8,972	142,204
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	37,640	1,199,079	154,516	11,691	78,683
59.00	05900	CARDIAC CATHETERIZATION	44,638	3,538,381	455,963	11,963	336,065
60.00	06000	LABORATORY	197,068	5,110,006	658,486	50,299	309,147
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	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	11,143	1,551,393	199,916	75,313	39,191
65.00	06500	RESPIRATORY THERAPY	31,182	2,112,278	272,192	6,253	62,636
66.00	06600	PHYSICAL THERAPY	28,661	2,898,749	373,539	24,742	69,452
67.00	06700	OCCUPATIONAL THERAPY	4,973	459,252	59,180	272	17,471
68.00	06800	SPEECH PATHOLOGY	1,523	168,223	21,678	1,088	18,636
69.00	06900	ELECTROCARDIOLOGY	71,211	3,335,731	429,849	29,636	143,584
70.00	07000	ELECTROENCEPHALOGRAPHY	5,268	566,718	73,028	816	150,055
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	129,352	11,741,352	1,513,014	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	52,946	7,053,776	908,964	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	228,965	8,136,101	1,048,434	0	0
74.00	07400	RENAL DIALYSIS	3,941	642,539	82,799	26,373	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	WOUND CARE CENTER	1,677	360,466	46,450	17,673	14,667

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.05	5A.05	5.06	6.00	7.00	
76.01	03951 DIABETES CENTER	782	250,390	32,266	0	0	76.01
76.02	03952 CLINICAL NUTRITION	257	232,550	29,967	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	2,460	371,284	47,844	36,433	0	76.97
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
91.00	09100 EMERGENCY	141,773	10,605,841	1,366,690	227,569	579,147	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)	2,048,901	179,324,437	20,460,116	3,998,090	8,927,007	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,625	5,622	0	29,420	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	102,700	13,234	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	546,002	70,359	1,088	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,048,901	180,016,764	20,549,331	3,999,178	8,956,427	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		OPERATION OF PLANT - CENTER STREET	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.02
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
7.01	00701	OPERATION OF PLANT - CENTER STREET	1,809,487				7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	619,949			8.00
9.00	00900	HOUSEKEEPING	0	0	2,740,887		9.00
10.00	01000	DIETARY	0	0	2,064	1,527,751	10.00
11.00	01100	CAFETERIA	0	0	9,016	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,457	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	3,370	0	14.00
15.00	01500	PHARMACY	0	61	31,419	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,914	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	2,489	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	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 PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	0	221,901	1,118,092	1,385,531	30.00
31.00	03100	INTENSIVE CARE UNIT	0	38,358	88,641	110,463	31.00
32.00	03200	CORONARY CARE UNIT	0	0	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 - IPF	0	0	0	0	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	0	3,190	26,987	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	77,477	221,663	0	50.00
51.00	05100	RECOVERY ROOM	0	20,457	99,630	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	47,473	303,079	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	34,374	99,782	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	33,331	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	20,703	11,141	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,368	11,141	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,703	41,103	0	59.00
60.00	06000	LABORATORY	0	46	32,815	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	7,740	93,073	31,757	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	11,080	0	65.00
66.00	06600	PHYSICAL THERAPY	1,809,487	37,236	16,301	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	11,080	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	11,080	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,849	102,575	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,988	11,080	0	70.00
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	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	0	660	11,080	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
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5/28/2014 1:43 pm

Cost Center Description		OPERATION OF PLANT - CENTER STREET	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
76.01	03951 DIABETES CENTER	0	0	11,080	0	4,389	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	6,678	0	6,607	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	82,365	299,861	0	166,029	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	1,809,487	619,949	2,725,102	1,527,751	1,813,724	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	0	4,705	0	1,653	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	11,080	0	6,910	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,809,487	619,949	2,740,887	1,527,751	1,822,287	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
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
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	1,381,385				13.00
14.00	01400	0	0	1,379,685			14.00
15.00	01500	0	0	24,394	4,586,229		15.00
16.00	01600	0	0	17,361	0	3,156,935	16.00
17.00	01700	0	0	8,791	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
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	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	527,008	434,474	626	485,610	30.00
31.00	03100	0	124,154	63,732	107	137,771	31.00
32.00	03200	0	0	0	0	0	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	44,435	36,921	555	40,492	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	187,131	150,539	401	309,694	50.00
51.00	05100	0	63,216	42,195	239	56,597	51.00
52.00	05200	0	117,201	83,071	1,389	69,543	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	86,807	20	283,410	54.00
55.00	05500	0	9,373	2,857	0	28,392	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	7,252	0	211,898	57.00
58.00	05800	0	0	9,450	0	57,986	58.00
59.00	05900	0	0	9,670	1,428	68,766	59.00
60.00	06000	0	0	40,657	0	303,587	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	34,822	60,875	5,726	17,167	64.00
65.00	06500	0	0	5,055	190	48,036	65.00
66.00	06600	0	0	19,999	58	44,153	66.00
67.00	06700	0	0	220	0	7,661	67.00
68.00	06800	0	0	879	0	2,347	68.00
69.00	06900	0	0	23,954	0	109,702	69.00
70.00	07000	0	0	659	0	8,116	70.00
71.00	07100	0	0	0	0	199,270	71.00
72.00	07200	0	0	0	0	81,564	72.00
73.00	07300	0	0	0	4,477,537	352,725	73.00
74.00	07400	0	0	21,317	0	6,071	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	9,241	14,285	4,242	2,584	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
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Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
76.01	03951 DIABETES CENTER	0	4,861	0	0	1,205	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	395	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	29,449	0	3,790	76.97
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
91.00	09100 EMERGENCY	0	259,943	183,943	93,711	218,403	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	1,381,385	1,378,806	4,586,229	3,156,935	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	879	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	1,381,385	1,379,685	4,586,229	3,156,935	202.00



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
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
7.01 00701 OPERATION OF PLANT - CENTER STREET						7.01
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	1,725,978					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	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	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1,613,152	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	77,964	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	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	0	0	0	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	23,453	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	634	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,606	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
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
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	3,169	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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 SUBTOTALS (SUM OF LINES 1-117)	1,725,978	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 COMMUNITY WELLNESS/EDUCATION	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,725,978	0	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR				1.01
1.02 00102	CAP REL COSTS-BLDG & FIXT-CENTER ST				1.02
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
7.01 00701	OPERATION OF PLANT - CENTER STREET				7.01
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
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	0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	0	37,829,516	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	8,099,088	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	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	0	0	0	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	0	0	2,970,991	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
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	16,974,646	50.00
51.00 05100	RECOVERY ROOM	0	0	4,961,683	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	7,421,083	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	15,419,833	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	2,226,921	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	2,813,023	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	1,538,374	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	4,500,164	59.00
60.00 06000	LABORATORY	0	0	6,601,256	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	2,148,414	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	2,565,305	65.00
66.00 06600	PHYSICAL THERAPY	0	0	5,336,611	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	563,240	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	226,371	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	4,225,977	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	819,604	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,453,636	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	8,044,304	72.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00					
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	14,014,797	0	14,014,797	73.00
74.00 07400 RENAL DIALYSIS	0	0	779,099	0	779,099	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	489,692	0	489,692	76.00
76.01 03951 DIABETES CENTER	0	0	304,191	0	304,191	76.01
76.02 03952 CLINICAL NUTRITION	0	0	262,912	0	262,912	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	502,085	0	502,085	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	14,086,671	0	14,086,671	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	0	179,179,487	0	179,179,487	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	78,667	0	78,667	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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 COMMUNITY WELLNESS/EDUCATION	0	0	122,292	0	122,292	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	636,318	0	636,318	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	180,016,764	0	180,016,764	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT-CANCER CTR	BLDG & FIXT-CENTER ST	MVBLE EQUIP	
			1.00	1.01	1.02	2.00	
GENERAL SERVICE COST CENTERS		0					
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400	2,155	91,546	0	0	2,100	4.00
5.01	00510	37,429	27,434	0	0	478,113	5.01
5.02	00520	14,195	269,613	0	52,001	2,514,747	5.02
5.03	00530	2,738	251,047	0	0	98,699	5.03
5.04	00540	39,690	105,187	0	0	1,102	5.04
5.05	00550	115,653	0	0	0	2,677	5.05
5.06	00560	1,301,059	281,420	0	758,197	142,178	5.06
6.00	00600	0	252,680	0	0	155,251	6.00
7.00	00700	5,041	2,936,447	0	0	121,983	7.00
7.01	00701	0	0	0	631,314	4,253	7.01
8.00	00800	0	128,802	0	0	5,378	8.00
9.00	00900	0	159,828	0	0	169,649	9.00
10.00	01000	4,434	245,621	0	0	38,398	10.00
11.00	01100	0	326,741	0	0	174,924	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	34,870	0	0	6,494	13.00
14.00	01400	276,318	85,918	0	0	247,067	14.00
15.00	01500	475,563	143,524	0	0	25,856	15.00
16.00	01600	2,538	182,941	0	0	2,411	16.00
17.00	01700	0	42,482	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
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	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	46,545	4,244,716	0	0	393,873	30.00
31.00	03100	524	548,320	0	0	262,609	31.00
32.00	03200	0	0	0	0	0	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	1,722	122,798	0	0	84,949	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	47,829	721,111	0	0	1,686,681	50.00
51.00	05100	3,404	544,878	0	0	137,734	51.00
52.00	05200	5,605	165,732	0	0	296,098	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	683,426	415,423	0	0	2,741,042	54.00
55.00	05500	2,415	0	9,059	0	458,851	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	165,631	0	0	505,680	57.00
58.00	05800	0	91,646	0	0	609,530	58.00
59.00	05900	842	391,431	0	0	739,503	59.00
60.00	06000	3,383	360,078	0	0	160,870	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	45,647	12,101	0	26,244	64.00
65.00	06500	55,331	72,955	0	0	81,823	65.00
66.00	06600	48,813	80,894	0	2,800	32,299	66.00
67.00	06700	0	20,349	0	0	2,240	67.00
68.00	06800	0	21,706	0	0	424	68.00
69.00	06900	11,613	167,239	0	0	341,730	69.00
70.00	07000	28,772	174,776	0	0	38,453	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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT-CANCER CTR	BLDG & FIXT-CENTER ST	MVBLE EQUIP	
		1.00	1.01	1.02	2.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	6,681	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	1,192	17,083	0	0	6,303	76.00
76.01 03951 DIABETES CENTER	19,537	0	0	0	314	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	97,061	0	0	0	12,875	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	144,338	674,559	0	0	299,912	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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)	3,479,165	14,613,073	21,160	1,444,312	13,117,998	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,267	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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 COMMUNITY WELLNESS/EDUCATION	0	0	0	0	156	194.00
194.01 07951 PHYSICIAN REFERRAL	66,047	0	0	0	2,828	194.01
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,545,212	14,647,340	21,160	1,444,312	13,120,982	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 1:43 pm				
Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES		
		2A	4.00	5.01	5.02	5.03		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.02	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	95,801	95,801			4.00	
5.01	00510	NONPATIENT TELEPHONES	542,976	393	543,369		5.01	
5.02	00520	DATA PROCESSING	2,850,556	2,180	16,990	2,869,726	5.02	
5.03	00530	PURCHASING RECEIVING AND STORES	352,484	430	4,551	48,011	405,476	5.03
5.04	00540	ADMINISTRATIVE	145,979	2,286	11,529	91,657	102	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	118,330	1,279	9,102	89,474	16	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,482,854	8,041	56,734	394,997	489	5.06
6.00	00600	MAINTENANCE & REPAIRS	407,931	848	6,068	15,276	256	6.00
7.00	00700	OPERATION OF PLANT	3,063,471	1,224	6,978	21,823	201	7.00
7.01	00701	OPERATION OF PLANT - CENTER STREET	635,567	229	0	10,912	27	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	134,180	130	607	2,182	2,161	8.00
9.00	00900	HOUSEKEEPING	329,477	1,791	2,730	6,547	373	9.00
10.00	01000	DIETARY	288,453	970	910	8,729	1,359	10.00
11.00	01100	CAFETERIA	501,665	639	3,944	26,188	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	41,364	1,118	3,034	8,729	61	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	609,303	163	3,337	8,729	5,360	14.00
15.00	01500	PHARMACY	644,943	2,848	7,585	43,646	103,152	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	187,890	1,264	10,315	82,927	18	16.00
17.00	01700	SOCIAL SERVICE	42,482	1,197	7,281	41,464	1	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	4,685,134	17,843	118,625	447,371	12,195	30.00
31.00	03100	INTENSIVE CARE UNIT	811,453	4,770	19,113	98,204	6,299	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	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	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	209,469	1,959	2,730	54,558	745	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	2,455,621	7,328	20,934	290,246	146,188	50.00
51.00	05100	RECOVERY ROOM	686,016	2,359	16,383	124,391	3,746	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	467,435	4,590	13,956	139,667	5,972	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,839,891	6,210	42,474	89,474	15,099	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	470,325	363	6,675	69,834	206	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	671,311	1,024	1,214	8,729	2,093	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	701,176	348	1,517	2,182	787	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,131,776	1,307	8,191	52,375	24,295	59.00
60.00	06000	LABORATORY	524,331	2,847	18,507	104,750	27,149	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	83,992	1,303	15,169	34,917	2,577	64.00
65.00	06500	RESPIRATORY THERAPY	210,109	1,757	2,730	19,641	1,866	65.00
66.00	06600	PHYSICAL THERAPY	164,806	2,644	11,529	56,740	147	66.00
67.00	06700	OCCUPATIONAL THERAPY	22,589	355	3,641	0	46	67.00
68.00	06800	SPEECH PATHOLOGY	22,130	122	1,214	0	8	68.00
69.00	06900	ELECTROCARDIOLOGY	520,582	2,141	13,349	69,834	28,192	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	242,001	285	3,337	8,729	165	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	6,681	0	910	2,182	149	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	24,578	289	1,517	8,729	808	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	
		2A	4.00	5.01	5.02	5.03	
76.01	03951 DIABETES CENTER	19,851	187	2,730	13,094	78	76.01
76.02	03952 CLINICAL NUTRITION	0	270	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	109,936	268	2,124	6,547	66	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	1,118,809	7,809	63,105	250,965	12,934	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	32,675,708	95,408	543,369	2,854,450	405,386	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	34,267	0	0	2,182	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	156	107	0	2,182	7	194.00
194.01	07951 PHYSICIAN REFERRAL	68,875	286	0	10,912	83	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	32,779,006	95,801	543,369	2,869,726	405,476	202.00



ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 1:43 pm	
Cost Center Description			ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.04	5.05	5.06	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
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	251,553					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	218,201				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	0	2,943,115			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	65,383	495,762		6.00
7.00	00700	OPERATION OF PLANT	0	0	119,249	206,107	3,419,053	7.00
7.01	00701	OPERATION OF PLANT - CENTER STREET	0	0	23,249	48,029	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	8,092	1,786	42,215	8.00
9.00	00900	HOUSEKEEPING	0	0	42,186	2,899	52,383	9.00
10.00	01000	DIETARY	0	0	20,349	8,696	80,502	10.00
11.00	01100	CAFETERIA	0	0	23,530	11,594	107,089	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	21,545	1,180	11,428	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	20,060	3,876	28,160	14.00
15.00	01500	PHARMACY	0	0	70,506	3,741	47,040	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	47,558	2,663	59,958	16.00
17.00	01700	SOCIAL SERVICE	0	0	26,792	1,348	13,923	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	38,411	33,301	447,716	66,634	1,391,196	30.00
31.00	03100	INTENSIVE CARE UNIT	10,993	9,536	111,112	9,774	179,711	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	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	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	3,231	2,803	42,569	5,662	40,247	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	24,710	21,436	246,112	23,088	236,342	50.00
51.00	05100	RECOVERY ROOM	4,516	3,917	67,058	6,471	178,582	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,549	4,814	105,303	12,740	54,318	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	22,613	19,617	234,396	13,313	136,154	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,265	1,965	35,003	438	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	16,907	14,667	39,046	1,112	54,285	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,627	4,014	22,130	1,449	30,037	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,487	4,760	65,304	1,483	128,291	59.00
60.00	06000	LABORATORY	24,223	21,013	94,310	6,235	118,015	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	1,370	1,188	28,633	9,336	14,961	64.00
65.00	06500	RESPIRATORY THERAPY	3,833	3,325	38,984	775	23,911	65.00
66.00	06600	PHYSICAL THERAPY	3,523	3,056	53,499	3,067	26,513	66.00
67.00	06700	OCCUPATIONAL THERAPY	611	530	8,476	34	6,669	67.00
68.00	06800	SPEECH PATHOLOGY	187	162	3,105	135	7,114	68.00
69.00	06900	ELECTROCARDIOLOGY	8,753	7,593	61,564	3,674	54,812	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	648	562	10,459	101	57,282	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,899	13,793	216,698	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	6,508	5,646	130,184	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,143	24,415	150,160	0	0	73.00
74.00	07400	RENAL DIALYSIS	484	420	11,859	3,269	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	206	179	6,653	2,191	5,599	76.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description		ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.04	5.05	5.06	6.00	7.00	
76.01	03951 DIABETES CENTER	96	83	4,621	0	0	76.01
76.02	03952 CLINICAL NUTRITION	32	27	4,292	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	302	262	6,852	4,516	0	76.97
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
91.00	09100 EMERGENCY	17,426	15,117	195,741	28,211	221,085	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	SUBTOTALS (SUM OF LINES 1-117)	251,553	218,201	2,930,338	495,627	3,407,822	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	805	0	11,231	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	0	1,895	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	10,077	135	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	251,553	218,201	2,943,115	495,762	3,419,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 1:43 pm				
Cost Center Description		OPERATION OF PLANT - CENTER STREET	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.01	8.00	9.00	10.00	11.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST					1.02	
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	
7.01	00701	OPERATION OF PLANT - CENTER STREET	718,013				7.01	
8.00	00800	LAUNDRY & LINEN SERVICE	0	191,353			8.00	
9.00	00900	HOUSEKEEPING	0	0	438,386		9.00	
10.00	01000	DIETARY	0	0	330	410,298	10.00	
11.00	01100	CAFETERIA	0	0	1,442	0	676,091	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	233	0	8,414	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	539	0	16,442	14.00
15.00	01500	PHARMACY	0	19	5,025	0	23,907	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	466	0	18,269	16.00
17.00	01700	SOCIAL SERVICE	0	0	398	0	10,628	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	68,490	178,834	372,103	176,543	30.00
31.00	03100	INTENSIVE CARE UNIT	0	11,840	14,178	29,666	41,591	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	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	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	985	4,316	0	14,885	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	23,914	35,453	0	62,688	50.00
51.00	05100	RECOVERY ROOM	0	6,314	15,935	0	21,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	14,653	48,475	0	39,261	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,610	15,959	0	42,503	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	5,331	0	3,140	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	6,390	1,782	0	8,378	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,274	1,782	0	3,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,230	6,574	0	8,579	59.00
60.00	06000	LABORATORY	0	14	5,249	0	35,696	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	2,389	14,886	8,529	11,665	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,772	0	17,655	65.00
66.00	06600	PHYSICAL THERAPY	718,013	11,493	2,607	0	15,914	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,772	0	3,007	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,772	0	905	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,497	16,406	0	17,103	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	614	1,772	0	2,651	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
76.00	03950	WOUND CARE CENTER	0	204	1,772	0	3,096	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		OPERATION OF PLANT - CENTER STREET	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.01	8.00	9.00	10.00	11.00	
76.01	03951 DIABETES CENTER	0	0	1,772	0	1,628	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	1,068	0	2,451	76.97
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
91.00	09100 EMERGENCY	0	25,423	47,961	0	61,599	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)	718,013	191,353	435,861	410,298	672,914	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	0	753	0	613	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	1,772	0	2,564	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	718,013	191,353	438,386	410,298	676,091	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
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
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200	0					12.00
13.00	01300	0	97,106				13.00
14.00	01400	0	0	695,969			14.00
15.00	01500	0	0	12,305	964,717		15.00
16.00	01600	0	0	8,758	0	420,086	16.00
17.00	01700	0	0	4,434	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
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	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	0	37,044	219,168	132	64,403	30.00
31.00	03100	0	8,728	32,149	22	18,344	31.00
32.00	03200	0	0	0	0	0	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	3,124	18,624	117	5,391	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	13,155	75,938	84	41,235	50.00
51.00	05100	0	4,444	21,285	50	7,536	51.00
52.00	05200	0	8,239	41,904	292	9,260	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	43,789	4	37,736	54.00
55.00	05500	0	659	1,441	0	3,780	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	3,658	0	28,214	57.00
58.00	05800	0	0	4,767	0	7,721	58.00
59.00	05900	0	0	4,878	300	9,156	59.00
60.00	06000	0	0	20,509	0	40,422	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	2,448	30,708	1,205	2,286	64.00
65.00	06500	0	0	2,550	40	6,396	65.00
66.00	06600	0	0	10,088	12	5,879	66.00
67.00	06700	0	0	111	0	1,020	67.00
68.00	06800	0	0	443	0	312	68.00
69.00	06900	0	0	12,084	0	14,607	69.00
70.00	07000	0	0	333	0	1,081	70.00
71.00	07100	0	0	0	0	26,532	71.00
72.00	07200	0	0	0	0	10,860	72.00
73.00	07300	0	0	0	941,855	46,965	73.00
74.00	07400	0	0	10,753	0	808	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03950	0	650	7,206	892	344	76.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		12.00	13.00	14.00	15.00	16.00	
76.01	03951 DIABETES CENTER	0	342	0	0	160	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	53	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	14,855	0	505	76.97
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
91.00	09100 EMERGENCY	0	18,273	92,788	19,712	29,080	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	97,106	695,526	964,717	420,086	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	0	443	0	0	194.01
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	97,106	695,969	964,717	420,086	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT-CANCER CTR						1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST						1.02
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
7.01 00701 OPERATION OF PLANT - CENTER STREET						7.01
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	149,948					17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
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			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	140,147	0				30.00
31.00 03100 INTENSIVE CARE UNIT	6,773	0				31.00
32.00 03200 CORONARY CARE UNIT	0	0				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	0	0				40.00
41.00 04100 SUBPROVIDER - I RF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	2,037	0				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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0				50.00
51.00 05100 RECOVERY ROOM	55	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	661	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
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
		(SPECIFY)			SERVICES-SALARY & FRINGES	
	17.00	18.00	19.00	20.00	21.00	
76.00 03950 WOUND CARE CENTER	0	0				76.00
76.01 03951 DIABETES CENTER	0	0				76.01
76.02 03952 CLINICAL NUTRITION	0	0				76.02
76.97 07697 CARDIAC REHABILITATION	0	0				76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
90.00 09000 CLINIC	0	0				90.00
91.00 09100 EMERGENCY	275	0				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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						113.00
114.00 11400 UTILIZATION REVIEW-SNF						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)	149,948	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
191.00 19100 RESEARCH	0	0				191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0				192.00
193.00 19300 NONPAID WORKERS	0	0				193.00
194.00 07950 COMMUNITY WELLNESS/EDUCATION	0	0				194.00
194.01 07951 PHYSICIAN REFERRAL	0	0				194.01
200.00 Cross Foot Adjustments			0	0		200.00
201.00 Negative Cost Centers	0	0	0	0		201.00
202.00 TOTAL (sum lines 118-201)	149,948	0	0	0		202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST			1.02
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
7.01	00701	OPERATION OF PLANT - CENTER STREET			7.01
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
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	0		22.00
23.00	02300	PARAMED PRGM-(SPECIFY)		0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		8,515,290	30.00
31.00	03100	INTENSIVE CARE UNIT		1,424,256	31.00
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		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		413,452	43.00
44.00	04400	SKILLED NURSING FACILITY		0	44.00
45.00	04500	NURSING FACILITY		0	45.00
46.00	04600	OTHER LONG TERM CARE		0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM		3,724,472	50.00
51.00	05100	RECOVERY ROOM		1,170,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		977,089	52.00
53.00	05300	ANESTHESIOLOGY		0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		4,569,842	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC		601,425	55.00
56.00	05600	RADIOISOTOPE		0	56.00
57.00	05700	CT SCAN		858,810	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)		787,950	58.00
59.00	05900	CARDIAC CATHETERIZATION		1,456,986	59.00
60.00	06000	LABORATORY		1,043,270	60.00
60.01	06001	BLOOD LABORATORY		0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY		0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS		0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		0	63.00
64.00	06400	INTRAVENOUS THERAPY		267,562	64.00
65.00	06500	RESPIRATORY THERAPY		335,344	65.00
66.00	06600	PHYSICAL THERAPY		1,089,530	66.00
67.00	06700	OCCUPATIONAL THERAPY		48,861	67.00
68.00	06800	SPEECH PATHOLOGY		37,609	68.00
69.00	06900	ELECTROCARDIOLOGY		832,191	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		330,020	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS		272,922	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		153,198	72.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	24.00	25.00	26.00	
73.00 07300 DRUGS CHARGED TO PATIENTS			1,191,538	0	1,191,538	73.00
74.00 07400 RENAL DIALYSIS			37,515	0	37,515	74.00
75.00 07500 ASC (NON-DISTINCT PART)			0	0	0	75.00
76.00 03950 WOUND CARE CENTER			64,913	0	64,913	76.00
76.01 03951 DIABETES CENTER			44,642	0	44,642	76.01
76.02 03952 CLINICAL NUTRITION			4,674	0	4,674	76.02
76.97 07697 CARDIAC REHABILITATION			149,752	0	149,752	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC			0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00 09000 CLINIC			0	0	0	90.00
91.00 09100 EMERGENCY			2,226,313	0	2,226,313	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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			32,629,661	0	32,629,661	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			48,485	0	48,485	190.00
191.00 19100 RESEARCH			0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES			0	0	0	192.00
193.00 19300 NONPAID WORKERS			0	0	0	193.00
194.00 07950 COMMUNITY WELLNESS/EDUCATION			5,713	0	5,713	194.00
194.01 07951 PHYSICIAN REFERRAL			95,147	0	95,147	194.01
200.00		0	0	0	0	200.00
201.00		0	0	0	0	201.00
202.00		0	0	0	0	202.00
			32,779,006	0	32,779,006	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-CANCER CTR (SQUARE FEET-CNCR CTR)	BLDG & FIXT-CENTER ST (SQUARE FEET-CNTR ST)	MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	1.02	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	583,041				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR	0	10,474			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	0	0	180,534		1.02
2.00	00200	CAP REL COSTS-MVBLE EQUIP				12,229,574	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,644	0	0	1,957	68,066,581
5.01	00510	NONPATIENT TELEPHONES	1,092	0	0	445,631	279,393
5.02	00520	DATA PROCESSING	10,732	0	6,500	2,343,900	1,549,057
5.03	00530	PURCHASING RECEIVING AND STORES	9,993	0	0	91,994	305,292
5.04	00540	ADMINISTRATIVE	4,187	0	0	1,027	1,624,450
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	2,495	908,782
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	11,202	0	94,772	132,519	5,714,709
6.00	00600	MAINTENANCE & REPAIRS	10,058	0	0	144,704	602,811
7.00	00700	OPERATION OF PLANT	116,886	0	0	113,696	869,766
7.01	00701	OPERATION OF PLANT - CENTER STREET	0	0	78,912	3,964	162,895
8.00	00800	LAUNDRY & LINEN SERVICE	5,127	0	0	5,013	92,313
9.00	00900	HOUSEKEEPING	6,362	0	0	158,123	1,272,904
10.00	01000	DIETARY	9,777	0	0	35,789	689,708
11.00	01100	CAFETERIA	13,006	0	0	163,040	454,353
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,388	0	0	6,053	794,516
14.00	01400	CENTRAL SERVICES & SUPPLY	3,420	0	0	230,282	116,004
15.00	01500	PHARMACY	5,713	0	0	24,099	2,024,137
16.00	01600	MEDICAL RECORDS & LIBRARY	7,282	0	0	2,247	898,173
17.00	01700	SOCIAL SERVICE	1,691	0	0	0	851,074
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
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	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	168,962	0	0	367,114	12,660,683
31.00	03100	INTENSIVE CARE UNIT	21,826	0	0	244,768	3,390,289
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
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	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	4,888	0	0	79,178	1,392,125
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	28,704	0	0	1,572,091	5,208,280
51.00	05100	RECOVERY ROOM	21,689	0	0	128,377	1,676,949
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,597	0	0	275,982	3,262,353
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,536	0	0	2,554,823	4,413,463
55.00	05500	RADIOLOGY-THERAPEUTIC	0	4,484	0	427,678	257,832
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	6,593	0	0	471,325	727,812
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,648	0	0	568,120	247,596
59.00	05900	CARDIAC CATHETERIZATION	15,581	0	0	689,263	928,846
60.00	06000	LABORATORY	14,333	0	0	149,941	2,023,263
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	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,817	5,990	0	24,461	925,907
65.00	06500	RESPIRATORY THERAPY	2,904	0	0	76,264	1,248,524
66.00	06600	PHYSICAL THERAPY	3,220	0	350	30,105	1,878,910
67.00	06700	OCCUPATIONAL THERAPY	810	0	0	2,088	252,400
68.00	06800	SPEECH PATHOLOGY	864	0	0	395	86,533
69.00	06900	ELECTROCARDIOLOGY	6,657	0	0	318,514	1,521,618
70.00	07000	ELECTROENCEPHALOGRAPHY	6,957	0	0	35,841	202,616
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)		
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT-CANCER CTR (SQUARE FEET-CNCR CTR)	BLDG & FIXT-CENTER ST (SQUARE FEET-CNTR ST)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	1.02	2.00			4.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	6,227	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03950	WOUND CARE CENTER	680	0	0	5,875	205,121	76.00
76.01	03951	DIABETES CENTER	0	0	0	293	133,158	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	191,884	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	12,000	190,510	76.97
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
91.00	09100	EMERGENCY	26,851	0	0	279,537	5,549,843	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)	581,677	10,474	180,534	12,226,793	67,786,852	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,364	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	COMMUNITY WELLNESS/EDUCATION	0	0	0	145	76,166	194.00
194.01	07951	PHYSICIAN REFERRAL	0	0	0	2,636	203,563	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	14,647,340	21,160	1,444,312	13,120,982	17,097,438	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.122316	2.020241	8.000222	1.072890	0.251187	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)					95,801	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)					0.001407	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		NONPATIENT TELEPHONES (# INSTRUMENTS)	DATA PROCESSING (# TERMS)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	1,791					5.01
5.02	00520	56	1,315				5.02
5.03	00530	15	22	30,299,678			5.03
5.04	00540	38	42	7,594	794,594,063		5.04
5.05	00550	30	41	1,203	0	794,594,063	5.05
5.06	00560	187	181	36,571	0	0	5.06
6.00	00600	20	7	19,140	0	0	6.00
7.00	00700	23	10	15,038	0	0	7.00
7.01	00701	0	5	2,029	0	0	7.01
8.00	00800	2	1	161,518	0	0	8.00
9.00	00900	9	3	27,876	0	0	9.00
10.00	01000	3	4	101,558	0	0	10.00
11.00	01100	13	12	0	0	0	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	10	4	4,594	0	0	13.00
14.00	01400	11	4	400,517	0	0	14.00
15.00	01500	25	20	7,708,266	0	0	15.00
16.00	01600	34	38	1,356	0	0	16.00
17.00	01700	24	19	98	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
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	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	391	205	911,317	122,224,414	122,224,414	30.00
31.00	03100	63	45	470,718	34,676,913	34,676,913	31.00
32.00	03200	0	0	0	0	0	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	9	25	55,706	10,191,725	10,191,725	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	69	133	10,923,593	77,949,579	77,949,579	50.00
51.00	05100	54	57	279,894	14,245,431	14,245,431	51.00
52.00	05200	46	64	446,293	17,503,850	17,503,850	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	140	41	1,128,280	71,334,104	71,334,104	54.00
55.00	05500	22	32	15,413	7,146,340	7,146,340	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	4	4	156,375	53,334,542	53,334,542	57.00
58.00	05800	5	1	58,803	14,594,931	14,594,931	58.00
59.00	05900	27	24	1,815,464	17,308,397	17,308,397	59.00
60.00	06000	61	48	2,028,749	76,412,433	76,412,433	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	50	16	192,606	4,320,845	4,320,845	64.00
65.00	06500	9	9	139,459	12,090,714	12,090,714	65.00
66.00	06600	38	26	11,015	11,113,336	11,113,336	66.00
67.00	06700	12	0	3,466	1,928,243	1,928,243	67.00
68.00	06800	4	0	628	590,635	590,635	68.00
69.00	06900	44	32	2,106,690	27,611,849	27,611,849	69.00
70.00	07000	11	4	12,334	2,042,770	2,042,770	70.00
71.00	07100	0	0	0	50,155,950	50,155,950	71.00
72.00	07200	0	0	0	20,529,645	20,529,645	72.00
73.00	07300	0	0	0	88,780,400	88,780,400	73.00
74.00	07400	3	1	11,111	1,528,071	1,528,071	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description			NONPATIENT TELEPHONES (# INSTRUMENTS)	DATA PROCESSING (# TERMINALS)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	
			5.01	5.02	5.03	5.04	5.05	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	5	4	60,383	650,286	650,286	76.00
76.01	03951	DIABETES CENTER	9	6	5,847	303,385	303,385	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	99,546	99,546	76.02
76.97	07697	CARDIAC REHABILITATION	7	3	4,905	953,814	953,814	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	208	115	966,533	54,971,915	54,971,915	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
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		SUBTOTALS (SUM OF LINES 1-117)	1,791	1,308	30,292,940	794,594,063	794,594,063	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1	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
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	COMMUNITY WELLNESS/EDUCATION	0	1	544	0	0	194.00
194.01	07951	PHYSICIAN REFERRAL	0	5	6,194	0	0	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,302,991	12,305,551	1,145,688	2,723,193	2,048,901	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	727.521496	9,357.833460	0.037812	0.003427	0.002579	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	543,369	2,869,726	405,476	251,553	218,201	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	303.388610	2,182.301141	0.013382	0.000317	0.000275	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (COSTED REQUIS. WORK ORDERS)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - CENTER STREET (SQUARE FEET-CNTR ST)	
		5A.06	5.06	6.00	7.00	7.01	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
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	-20,549,331	159,467,433				5.06
6.00	00600		3,542,663	14,709			6.00
7.00	00700		6,461,235	6,115	415,247		7.00
7.01	00701		1,259,719	1,425	0	350	7.01
8.00	00800		438,455	53	5,127	0	8.00
9.00	00900		2,285,739	86	6,362	0	9.00
10.00	01000		1,102,580	258	9,777	0	10.00
11.00	01100		1,274,927	344	13,006	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		1,167,366	35	1,388	0	13.00
14.00	01400		1,086,904	115	3,420	0	14.00
15.00	01500		3,820,234	111	5,713	0	15.00
16.00	01600		2,576,821	79	7,282	0	16.00
17.00	01700		1,451,643	40	1,691	0	17.00
18.00	01850		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000		24,259,292	1,977	168,962	0	30.00
31.00	03100		6,020,388	290	21,826	0	31.00
32.00	03200		0	0	0	0	32.00
33.00	03300		0	0	0	0	33.00
34.00	03400		0	0	0	0	34.00
40.00	04000		0	0	0	0	40.00
41.00	04100		0	0	0	0	41.00
42.00	04200		0	0	0	0	42.00
43.00	04300		2,306,510	168	4,888	0	43.00
44.00	04400		0	0	0	0	44.00
45.00	04500		0	0	0	0	45.00
46.00	04600		0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000		13,335,041	685	28,704	0	50.00
51.00	05100		3,633,417	192	21,689	0	51.00
52.00	05200		5,705,600	378	6,597	0	52.00
53.00	05300		0	0	0	0	53.00
54.00	05400		12,700,244	395	16,536	0	54.00
55.00	05500		1,896,574	13	0	0	55.00
56.00	05600		0	0	0	0	56.00
57.00	05700		2,115,645	33	6,593	0	57.00
58.00	05800		1,199,079	43	3,648	0	58.00
59.00	05900		3,538,381	44	15,581	0	59.00
60.00	06000		5,110,006	185	14,333	0	60.00
60.01	06001		0	0	0	0	60.01
61.00	06100		0	0	0	0	61.00
62.00	06200		0	0	0	0	62.00
63.00	06300		0	0	0	0	63.00
64.00	06400		1,551,393	277	1,817	0	64.00
65.00	06500		2,112,278	23	2,904	0	65.00
66.00	06600		2,898,749	91	3,220	350	66.00
67.00	06700		459,252	1	810	0	67.00
68.00	06800		168,223	4	864	0	68.00
69.00	06900		3,335,731	109	6,657	0	69.00
70.00	07000		566,718	3	6,957	0	70.00
71.00	07100		11,741,352	0	0	0	71.00
72.00	07200		7,053,776	0	0	0	72.00
73.00	07300		8,136,101	0	0	0	73.00
74.00	07400		642,539	97	0	0	74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (COSTED REQUIS. WORK ORDERS)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT - CENTER STREET (SQUARE FEET- CNTR ST)	
		5A.06	5.06	6.00	7.00	7.01	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER	0	360,466	65	680	0	76.00
76.01	03951 DIABETES CENTER	0	250,390	0	0	0	76.01
76.02	03952 CLINICAL NUTRITION	0	232,550	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	371,284	134	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	10,605,841	837	26,851	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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)	-20,549,331	158,775,106	14,705	413,883	350	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	43,625	0	1,364	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	102,700	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	546,002	4	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		20,549,331	3,999,178	8,956,427	1,809,487	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.128862	271.886464	21.568914	5,169.962857	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		2,943,115	495,762	3,419,053	718,013	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.018456	33.704671	8.233781	2,051.465714	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
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
7.01	00701						7.01
8.00	00800	1,555,819					8.00
9.00	00900		90,290				9.00
10.00	01000			117,573			10.00
11.00	01100		297		1,367,990		11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		48	0	17,025	0	13.00
14.00	01400		111	0	33,269	0	14.00
15.00	01500	154	1,035	0	48,372	0	15.00
16.00	01600		96	0	36,965	0	16.00
17.00	01700		82	0	21,504	0	17.00
18.00	01850		0	0	0	0	18.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	556,881	36,832	106,628	357,216	0	30.00
31.00	03100	96,263	2,920	8,501	84,154	0	31.00
32.00	03200	0	0	0	0	0	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	8,006	889	0	30,119	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	194,435	7,302	0	126,841	0	50.00
51.00	05100	51,338	3,282	0	42,849	0	51.00
52.00	05200	119,139	9,984	0	79,441	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	86,264	3,287	0	85,999	0	54.00
55.00	05500	0	1,098	0	6,353	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	51,955	367	0	16,952	0	57.00
58.00	05800	18,490	367	0	6,351	0	58.00
59.00	05900	34,389	1,354	0	17,358	0	59.00
60.00	06000	116	1,081	0	72,227	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	19,424	3,066	2,444	23,603	0	64.00
65.00	06500	0	365	0	35,722	0	65.00
66.00	06600	93,448	537	0	32,201	0	66.00
67.00	06700	0	365	0	6,084	0	67.00
68.00	06800	0	365	0	1,832	0	68.00
69.00	06900	12,168	3,379	0	34,605	0	69.00
70.00	07000	4,990	365	0	5,363	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		8.00	9.00	10.00	11.00	12.00	
76.00	03950 WOUND CARE CENTER	1,656	365	0	6,264	0	76.00
76.01	03951 DIABETES CENTER	0	365	0	3,295	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	220	0	4,960	0	76.97
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
91.00	09100 EMERGENCY	206,703	9,878	0	124,638	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	SUBTOTALS (SUM OF LINES 1-117)	1,555,819	89,770	117,573	1,361,562	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	155	0	1,241	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	365	0	5,187	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	619,949	2,740,887	1,527,751	1,822,287	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.398471	30.356485	12.994063	1.332091	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	191,353	438,386	410,298	676,091	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.122992	4.855311	3.489730	0.494222	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS. WORK ORDERS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
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
7.01	00701						7.01
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	936,329					13.00
14.00	01400	0	6,278				14.00
15.00	01500	0	111	7,790,417			15.00
16.00	01600	0	79	0	794,594,063		16.00
17.00	01700	0	40	0	0	2,723	17.00
18.00	01850	0	0	0	0	0	18.00
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	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	357,216	1,977	1,064	122,224,414	2,545	30.00
31.00	03100	84,154	290	181	34,676,913	123	31.00
32.00	03200	0	0	0	0	0	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	30,119	168	942	10,191,725	37	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	126,841	685	682	77,949,579	0	50.00
51.00	05100	42,849	192	406	14,245,431	1	51.00
52.00	05200	79,441	378	2,359	17,503,850	12	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	395	34	71,334,104	0	54.00
55.00	05500	6,353	13	0	7,146,340	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	33	0	53,334,542	0	57.00
58.00	05800	0	43	0	14,594,931	0	58.00
59.00	05900	0	44	2,425	17,308,397	0	59.00
60.00	06000	0	185	0	76,412,433	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	23,603	277	9,727	4,320,845	0	64.00
65.00	06500	0	23	323	12,090,714	0	65.00
66.00	06600	0	91	98	11,113,336	0	66.00
67.00	06700	0	1	0	1,928,243	0	67.00
68.00	06800	0	4	0	590,635	0	68.00
69.00	06900	0	109	0	27,611,849	0	69.00
70.00	07000	0	3	0	2,042,770	0	70.00
71.00	07100	0	0	0	50,155,950	0	71.00
72.00	07200	0	0	0	20,529,645	0	72.00
73.00	07300	0	0	7,605,788	88,780,400	0	73.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS. WORK ORDERS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
74.00	07400 RENAL DIALYSIS	0	97	0	1,528,071	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER	6,264	65	7,205	650,286	0	76.00
76.01	03951 DIABETES CENTER	3,295	0	0	303,385	0	76.01
76.02	03952 CLINICAL NUTRITION	0	0	0	99,546	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	134	0	953,814	0	76.97
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
91.00	09100 EMERGENCY	176,194	837	159,183	54,971,915	5	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)	936,329	6,274	7,790,417	794,594,063	2,723	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
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	0	0	0	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	4	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,381,385	1,379,685	4,586,229	3,156,935	1,725,978	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.475320	219.765053	0.588701	0.003973	633.851634	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	97,106	695,969	964,717	420,086	149,948	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.103709	110.858394	0.123834	0.000529	55.067205	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS	
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)
	18.00	19.00	20.00	21.00	22.00
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 CAP REL COSTS-BLDG & FIXT-CANCER CTR					1.01
1.02 00102 CAP REL COSTS-BLDG & FIXT-CENTER ST					1.02
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
7.01 00701 OPERATION OF PLANT - CENTER STREET					7.01
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)	0				18.00
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			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0				0 22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000 ADULTS & PEDIATRICS	0		0	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0		0	0	0 31.00
32.00 03200 CORONARY CARE UNIT	0		0	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 - IPF	0		0	0	0 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	0		0	0	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0 44.00
45.00 04500 NURSING FACILITY	0		0	0	0 45.00
46.00 04600 OTHER LONG TERM CARE	0		0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
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	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
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			19.00	20.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 WOUND CARE CENTER	0	0	0	0	0	76.00
76.01 03951 DIABETES CENTER	0	0	0	0	0	76.01
76.02 03952 CLINICAL NUTRITION	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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	0	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
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
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950 COMMUNITY WELLNESS/EDUCATION	0	0	0	0	0	194.00
194.01 07951 PHYSICIAN REFERRAL	0	0	0	0	0	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT-CANCER CTR	1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT-CENTER ST	1.02
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
7.01	00701	OPERATION OF PLANT - CENTER STREET	7.01
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
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 PRGM- (SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	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
<b>ANCILLARY SERVICE COST CENTERS</b>			
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
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
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet B-1

Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		PARAMED ED PRGM (ASSIGNED TIME)	
		23.00	
76.00	03950 WOUND CARE CENTER	0	76.00
76.01	03951 DIABETES CENTER	0	76.01
76.02	03952 CLINICAL NUTRITION	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400 HOME PROGRAM DIALYSIS	0	94.00
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
105.00	10500 KIDNEY ACQUISITION	0	105.00
106.00	10600 HEART ACQUISITION	0	106.00
107.00	10700 LIVER ACQUISITION	0	107.00
108.00	10800 LUNG ACQUISITION	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
113.00	11300 INTEREST EXPENSE	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300 NONPAID WORKERS	0	193.00
194.00	07950 COMMUNITY WELLNESS/EDUCATION	0	194.00
194.01	07951 PHYSICIAN REFERRAL	0	194.01
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS		37,829,516	37,829,516	83,649	37,913,165	30.00
31.00	03100 INTENSIVE CARE UNIT		8,099,088	8,099,088	31,579	8,130,667	31.00
32.00	03200 CORONARY CARE UNIT		0	0	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		0	0	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		2,970,991	2,970,991	99,915	3,070,906	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM		16,974,646	16,974,646	678,384	17,653,030	50.00
51.00	05100 RECOVERY ROOM		4,961,683	4,961,683	0	4,961,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,421,083	7,421,083	536,659	7,957,742	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,419,833	15,419,833	500,617	15,920,450	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		2,226,921	2,226,921	59,892	2,286,813	55.00
56.00	05600 RADIOISOTOPE		0	0	0	0	56.00
57.00	05700 CT SCAN		2,813,023	2,813,023	9,542	2,822,565	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,538,374	1,538,374	0	1,538,374	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,500,164	4,500,164	9,915	4,510,079	59.00
60.00	06000 LABORATORY		6,601,256	6,601,256	42,196	6,643,452	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		0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		2,148,414	2,148,414	0	2,148,414	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,565,305	2,565,305	18,665	2,583,970	65.00
66.00	06600 PHYSICAL THERAPY	0	5,336,611	5,336,611	0	5,336,611	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	563,240	563,240	0	563,240	67.00
68.00	06800 SPEECH PATHOLOGY	0	226,371	226,371	0	226,371	68.00
69.00	06900 ELECTROCARDIOLOGY		4,225,977	4,225,977	42,829	4,268,806	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		819,604	819,604	0	819,604	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,453,636	13,453,636	0	13,453,636	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,044,304	8,044,304	0	8,044,304	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		14,014,797	14,014,797	0	14,014,797	73.00
74.00	07400 RENAL DIALYSIS		779,099	779,099	0	779,099	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER		489,692	489,692	9,915	499,607	76.00
76.01	03951 DIABETES CENTER		304,191	304,191	15,915	320,106	76.01
76.02	03952 CLINICAL NUTRITION		262,912	262,912	0	262,912	76.02
76.97	07697 CARDIAC REHABILITATION		502,085	502,085	11,165	513,250	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC		0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	0	89.00
90.00	09000 CLINIC		0	0	0	0	90.00
91.00	09100 EMERGENCY		14,086,671	14,086,671	765,029	14,851,700	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,720,347	3,720,347	0	3,720,347	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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	09800 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
<b>SPECIAL PURPOSE COST CENTERS</b>							
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

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	
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
200.00		Subtotal (see instructions)	182,899,834	0	182,899,834	2,915,866	185,815,700	200.00
201.00		Less Observation Beds	3,720,347		3,720,347		3,720,347	201.00
202.00		Total (see instructions)	179,179,487	0	179,179,487	2,915,866	182,095,353	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm	
			Title XVIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	111,155,308		111,155,308			30.00
31.00	03100	INTENSIVE CARE UNIT	34,676,913		34,676,913			31.00
32.00	03200	CORONARY CARE UNIT	0		0			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 - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,191,725		10,191,725			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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,587,618	43,361,961	77,949,579	0.217764	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,120,323	10,125,108	14,245,431	0.348300	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,037,150	9,466,700	17,503,850	0.423969	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,992,003	57,342,101	71,334,104	0.216164	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	346,862	6,799,478	7,146,340	0.311617	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	17,020,697	36,313,845	53,334,542	0.052743	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,147,100	11,447,831	14,594,931	0.105405	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,000,130	6,308,267	17,308,397	0.259999	0.000000	59.00
60.00	06000	LABORATORY	33,046,828	43,365,605	76,412,433	0.086390	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	0	0	0	0.000000	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	801,053	3,519,792	4,320,845	0.497221	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,954,697	1,136,017	12,090,714	0.212172	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,264,505	7,848,831	11,113,336	0.480199	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,310,114	618,129	1,928,243	0.292100	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	450,072	140,563	590,635	0.383267	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,088,904	15,522,945	27,611,849	0.153049	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,455	1,808,315	2,042,770	0.401222	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,153,668	20,002,282	50,155,950	0.268236	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,067,232	8,462,413	20,529,645	0.391838	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,958,427	36,821,973	88,780,400	0.157859	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,472,426	55,645	1,528,071	0.509858	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	WOUND CARE CENTER	98,428	551,858	650,286	0.753041	0.000000	76.00
76.01	03951	DIABETES CENTER	29,313	274,072	303,385	1.002657	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	98,925	621	99,546	2.641111	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	3,781	950,033	953,814	0.526397	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	14,696,209	40,275,706	54,971,915	0.256252	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,554,788	9,514,318	11,069,106	0.336102	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
<b>SPECIAL PURPOSE COST CENTERS</b>								
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	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
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)	422,559,654	372,034,409	794,594,063			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	422,559,654	372,034,409	794,594,063			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
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
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.226467		50.00
51.00	05100 RECOVERY ROOM	0.348300		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.454628		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.223181		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.319998		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.052922		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105405		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.260572		59.00
60.00	06000 LABORATORY	0.086942		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 STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.497221		64.00
65.00	06500 RESPIRATORY THERAPY	0.213715		65.00
66.00	06600 PHYSICAL THERAPY	0.480199		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292100		67.00
68.00	06800 SPEECH PATHOLOGY	0.383267		68.00
69.00	06900 ELECTROCARDIOLOGY	0.154601		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.401222		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.268236		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.391838		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.157859		73.00
74.00	07400 RENAL DIALYSIS	0.509858		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03950 WOUND CARE CENTER	0.768288		76.00
76.01	03951 DIABETES CENTER	1.055115		76.01
76.02	03952 CLINICAL NUTRITION	2.641111		76.02
76.97	07697 CARDIAC REHABILITATION	0.538103		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.270169		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.336102		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
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
	<b>SPECIAL PURPOSE COST CENTERS</b>			
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm	
			Title XIX	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000 ADULTS & PEDIATRICS		37,829,516	83,649	37,913,165	30.00
31.00	03100 INTENSIVE CARE UNIT		8,099,088	31,579	8,130,667	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	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		0	0	0	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		2,970,991	99,915	3,070,906	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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM		16,974,646	678,384	17,653,030	50.00
51.00	05100 RECOVERY ROOM		4,961,683	0	4,961,683	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		7,421,083	536,659	7,957,742	52.00
53.00	05300 ANESTHESIOLOGY		0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		15,419,833	500,617	15,920,450	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		2,226,921	59,892	2,286,813	55.00
56.00	05600 RADIOISOTOPE		0	0	0	56.00
57.00	05700 CT SCAN		2,813,023	9,542	2,822,565	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,538,374	0	1,538,374	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,500,164	9,915	4,510,079	59.00
60.00	06000 LABORATORY		6,601,256	42,196	6,643,452	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		2,148,414	0	2,148,414	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,565,305	18,665	2,583,970	65.00
66.00	06600 PHYSICAL THERAPY	0	5,336,611	0	5,336,611	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	563,240	0	563,240	67.00
68.00	06800 SPEECH PATHOLOGY	0	226,371	0	226,371	68.00
69.00	06900 ELECTROCARDIOLOGY		4,225,977	42,829	4,268,806	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		819,604	0	819,604	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,453,636	0	13,453,636	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		8,044,304	0	8,044,304	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		14,014,797	0	14,014,797	73.00
74.00	07400 RENAL DIALYSIS		779,099	0	779,099	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
76.00	03950 WOUND CARE CENTER		489,692	9,915	499,607	76.00
76.01	03951 DIABETES CENTER		304,191	15,915	320,106	76.01
76.02	03952 CLINICAL NUTRITION		262,912	0	262,912	76.02
76.97	07697 CARDIAC REHABILITATION		502,085	11,165	513,250	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
91.00	09100 EMERGENCY		14,086,671	765,029	14,851,700	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,720,347	0	3,720,347	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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
<b>SPECIAL PURPOSE COST CENTERS</b>						
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		0	0	0	113.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

			Title XIX		Hospital		Cost		
Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
					Total Costs	RCE Disallowance	Total Costs		
			1.00	2.00	3.00	4.00	5.00		
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)	182,899,834	0	182,899,834	2,915,866	185,815,700		200.00
201.00		Less Observation Beds	3,720,347		3,720,347		3,720,347		201.00
202.00		Total (see instructions)	179,179,487	0	179,179,487	2,915,866	182,095,353		202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	111,155,308		111,155,308			30.00
31.00	03100	INTENSIVE CARE UNIT	34,676,913		34,676,913			31.00
32.00	03200	CORONARY CARE UNIT	0		0			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 - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	10,191,725		10,191,725			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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	34,587,618	43,361,961	77,949,579	0.217764	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,120,323	10,125,108	14,245,431	0.348300	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,037,150	9,466,700	17,503,850	0.423969	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	13,992,003	57,342,101	71,334,104	0.216164	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	346,862	6,799,478	7,146,340	0.311617	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	17,020,697	36,313,845	53,334,542	0.052743	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,147,100	11,447,831	14,594,931	0.105405	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,000,130	6,308,267	17,308,397	0.259999	0.000000	59.00
60.00	06000	LABORATORY	33,046,828	43,365,605	76,412,433	0.086390	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	0	0	0	0.000000	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	801,053	3,519,792	4,320,845	0.497221	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,954,697	1,136,017	12,090,714	0.212172	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,264,505	7,848,831	11,113,336	0.480199	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,310,114	618,129	1,928,243	0.292100	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	450,072	140,563	590,635	0.383267	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	12,088,904	15,522,945	27,611,849	0.153049	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	234,455	1,808,315	2,042,770	0.401222	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	30,153,668	20,002,282	50,155,950	0.268236	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,067,232	8,462,413	20,529,645	0.391838	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	51,958,427	36,821,973	88,780,400	0.157859	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,472,426	55,645	1,528,071	0.509858	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03950	WOUND CARE CENTER	98,428	551,858	650,286	0.753041	0.000000	76.00
76.01	03951	DIABETES CENTER	29,313	274,072	303,385	1.002657	0.000000	76.01
76.02	03952	CLINICAL NUTRITION	98,925	621	99,546	2.641111	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	3,781	950,033	953,814	0.526397	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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
91.00	09100	EMERGENCY	14,696,209	40,275,706	54,971,915	0.256252	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,554,788	9,514,318	11,069,106	0.336102	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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	0.000000	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
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	0	0	0			113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00			
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)	422,559,654	372,034,409	794,594,063			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	422,559,654	372,034,409	794,594,063			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	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
<b>ANCILLARY SERVICE COST CENTERS</b>				
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 STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
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
76.00	03950 WOUND CARE CENTER	0.000000		76.00
76.01	03951 DIABETES CENTER	0.000000		76.01
76.02	03952 CLINICAL NUTRITION	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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
<b>SPECIAL PURPOSE COST CENTERS</b>				
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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 1:43 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
				Cost
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)	11.00		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	8,515,290	0	8,515,290	35,097	242.62	30.00
31.00	INTENSIVE CARE UNIT	1,424,256		1,424,256	4,306	330.76	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	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	0	0	0	0	0.00	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	413,452		413,452	5,366	77.05	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)	10,352,998		10,352,998	44,769		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	14,543	3,528,423				
31.00	INTENSIVE CARE UNIT	2,599	859,645				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	17,142	4,388,068				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 1:43 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	3,724,472	77,949,579	0.047781	14,512,543	693,424	50.00
51.00	05100	RECOVERY ROOM	1,170,235	14,245,431	0.082148	1,685,747	138,481	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	977,089	17,503,850	0.055821	45,377	2,533	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,569,842	71,334,104	0.064063	7,796,949	499,496	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	601,425	7,146,340	0.084158	119,462	10,054	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	858,810	53,334,542	0.016102	7,793,468	125,490	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	787,950	14,594,931	0.053988	1,405,679	75,890	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,456,986	17,308,397	0.084178	6,231,791	524,580	59.00
60.00	06000	LABORATORY	1,043,270	76,412,433	0.013653	16,313,072	222,722	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	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	267,562	4,320,845	0.061924	464,691	28,776	64.00
65.00	06500	RESPIRATORY THERAPY	335,344	12,090,714	0.027736	6,070,095	168,360	65.00
66.00	06600	PHYSICAL THERAPY	1,089,530	11,113,336	0.098038	2,005,925	196,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	48,861	1,928,243	0.025340	874,624	22,163	67.00
68.00	06800	SPEECH PATHOLOGY	37,609	590,635	0.063676	306,339	19,506	68.00
69.00	06900	ELECTROCARDIOLOGY	832,191	27,611,849	0.030139	6,472,362	195,071	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	330,020	2,042,770	0.161555	125,780	20,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	272,922	50,155,950	0.005441	13,572,282	73,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	153,198	20,529,645	0.007462	6,690,602	49,925	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,191,538	88,780,400	0.013421	25,093,252	336,777	73.00
74.00	07400	RENAL DIALYSIS	37,515	1,528,071	0.024551	1,078,943	26,489	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	WOUND CARE CENTER	64,913	650,286	0.099822	67,789	6,767	76.00
76.01	03951	DIABETES CENTER	44,642	303,385	0.147146	9,515	1,400	76.01
76.02	03952	CLINICAL NUTRITION	4,674	99,546	0.046953	55,902	2,625	76.02
76.97	07697	CARDIAC REHABILITATION	149,752	953,814	0.157003	2,382	374	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	2,226,313	54,971,915	0.040499	7,363,866	298,229	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	835,590	11,069,106	0.075488	792,496	59,824	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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)	23,112,253	638,570,117		126,950,933	3,799,780	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description		Title XVIII				Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	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 - IPF	0	0	0	0	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	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,097	0.00	14,543	30.00
31.00	03100	INTENSIVE CARE UNIT	4,306	0.00	2,599	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	42.00
43.00	04300	NURSERY	5,366	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	45.00
200.00		Total (lines 30-199)	44,769		17,142	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
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
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
76.00	03950	WOUND CARE CENTER	0	0	0	0	0	0	76.00
76.01	03951	DIABETES CENTER	0	0	0	0	0	0	76.01
76.02	03952	CLINICAL NUTRITION	0	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	0	76.97
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
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	77,949,579	0.000000	0.000000	14,512,543	50.00
51.00	05100 RECOVERY ROOM	0	14,245,431	0.000000	0.000000	1,685,747	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	17,503,850	0.000000	0.000000	45,377	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	71,334,104	0.000000	0.000000	7,796,949	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	7,146,340	0.000000	0.000000	119,462	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	53,334,542	0.000000	0.000000	7,793,468	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	14,594,931	0.000000	0.000000	1,405,679	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	17,308,397	0.000000	0.000000	6,231,791	59.00
60.00	06000 LABORATORY	0	76,412,433	0.000000	0.000000	16,313,072	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	0	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	4,320,845	0.000000	0.000000	464,691	64.00
65.00	06500 RESPIRATORY THERAPY	0	12,090,714	0.000000	0.000000	6,070,095	65.00
66.00	06600 PHYSICAL THERAPY	0	11,113,336	0.000000	0.000000	2,005,925	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,928,243	0.000000	0.000000	874,624	67.00
68.00	06800 SPEECH PATHOLOGY	0	590,635	0.000000	0.000000	306,339	68.00
69.00	06900 ELECTROCARDIOLOGY	0	27,611,849	0.000000	0.000000	6,472,362	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,042,770	0.000000	0.000000	125,780	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	50,155,950	0.000000	0.000000	13,572,282	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	20,529,645	0.000000	0.000000	6,690,602	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	88,780,400	0.000000	0.000000	25,093,252	73.00
74.00	07400 RENAL DIALYSIS	0	1,528,071	0.000000	0.000000	1,078,943	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950 WOUND CARE CENTER	0	650,286	0.000000	0.000000	67,789	76.00
76.01	03951 DIABETES CENTER	0	303,385	0.000000	0.000000	9,515	76.01
76.02	03952 CLINICAL NUTRITION	0	99,546	0.000000	0.000000	55,902	76.02
76.97	07697 CARDIAC REHABILITATION	0	953,814	0.000000	0.000000	2,382	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	54,971,915	0.000000	0.000000	7,363,866	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	11,069,106	0.000000	0.000000	792,496	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)	0	638,570,117			126,950,933	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 1:43 pm
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Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
			11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	0	16,409,049	0	50.00
51.00	05100	RECOVERY ROOM	0	2,549,214	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,908	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,703,027	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,813,717	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	56.00
57.00	05700	CT SCAN	0	9,646,771	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,024,204	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,618,240	0	59.00
60.00	06000	LABORATORY	0	1,536,525	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	1,570,664	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	344,798	0	65.00
66.00	06600	PHYSICAL THERAPY	0	99,671	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	21,978	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,048,119	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	447,156	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,002,145	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,495,034	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,473,236	0	73.00
74.00	07400	RENAL DIALYSIS	0	25,486	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03950	WOUND CARE CENTER	0	379,104	0	76.00
76.01	03951	DIABETES CENTER	0	5,751	0	76.01
76.02	03952	CLINICAL NUTRITION	0	431	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	586,972	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	5,722,063	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,583,488	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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)	0	105,131,751	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 1:43 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.217764	16,409,049	0	0	3,573,300	50.00
51.00	05100 RECOVERY ROOM	0.348300	2,549,214	0	0	887,891	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.423969	24,908	0	0	10,560	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.216164	18,703,027	0	0	4,042,921	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.311617	2,813,717	0	0	876,802	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.052743	9,646,771	0	0	508,800	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.105405	3,024,204	0	0	318,766	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.259999	3,618,240	0	0	940,739	59.00
60.00	06000 LABORATORY	0.086390	1,536,525	165	0	132,740	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	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.497221	1,570,664	0	0	780,967	64.00
65.00	06500 RESPIRATORY THERAPY	0.212172	344,798	0	0	73,156	65.00
66.00	06600 PHYSICAL THERAPY	0.480199	99,671	0	0	47,862	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.292100	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.383267	21,978	0	0	8,423	68.00
69.00	06900 ELECTROCARDIOLOGY	0.153049	6,048,119	0	0	925,659	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.401222	447,156	0	0	179,409	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.268236	7,002,145	2,235	0	1,878,227	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.391838	5,495,034	0	0	2,153,163	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.157859	15,473,236	0	21,201	2,442,590	73.00
74.00	07400 RENAL DIALYSIS	0.509858	25,486	0	0	12,994	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03950 WOUND CARE CENTER	0.753041	379,104	0	0	285,481	76.00
76.01	03951 DIABETES CENTER	1.002657	5,751	0	0	5,766	76.01
76.02	03952 CLINICAL NUTRITION	2.641111	431	0	0	1,138	76.02
76.97	07697 CARDIAC REHABILITATION	0.526397	586,972	0	0	308,980	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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
91.00	09100 EMERGENCY	0.256252	5,722,063	0	0	1,466,290	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.336102	3,583,488	0	0	1,204,417	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)		105,131,751	2,400	21,201	23,067,041	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (Line 200 +/- Line 201)		105,131,751	2,400	21,201	23,067,041	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet D Part V Date/Time Prepared: 5/28/2014 1:43 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	6.00				
<b>ANCILLARY SERVICE COST CENTERS</b>							
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	14	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
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	600	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,347			73.00
74.00	07400	RENAL DIALYSIS	0	0			74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0			75.00
76.00	03950	WOUND CARE CENTER	0	0			76.00
76.01	03951	DIABETES CENTER	0	0			76.01
76.02	03952	CLINICAL NUTRITION	0	0			76.02
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)	614	3,347			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	614	3,347			202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 1:43 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,097	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,097	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		31,653	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)		14,543	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		37,913,165	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)		37,913,165	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		37,913,165	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,080.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,709,930	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		15,709,930	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 1:43 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	8,130,667	4,306	1,888.22	2,599	4,907,484	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	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)					26,431,438	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					47,048,852	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)					4,388,068	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,799,780	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					8,187,848	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,861,004	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)					3,444	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,080.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,720,347	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140030		Period: From 05/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 1:43 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	8,515,290	37,913,165	0.224600	3,720,347	835,590	90.00
91.00	Nursing School cost	0	37,913,165	0.000000	3,720,347	0	91.00
92.00	Allied health cost	0	37,913,165	0.000000	3,720,347	0	92.00
93.00	All other Medical Education	0	37,913,165	0.000000	3,720,347	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 1:43 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		51,580,498	30.00
31.00	03100	INTENSIVE CARE UNIT		20,946,501	31.00
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		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.226467	14,512,543	50.00
51.00	05100	RECOVERY ROOM	0.348300	1,685,747	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.454628	45,377	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.223181	7,796,949	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.319998	119,462	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.052922	7,793,468	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.105405	1,405,679	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.260572	6,231,791	59.00
60.00	06000	LABORATORY	0.086942	16,313,072	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	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.497221	464,691	64.00
65.00	06500	RESPIRATORY THERAPY	0.213715	6,070,095	65.00
66.00	06600	PHYSICAL THERAPY	0.480199	2,005,925	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.292100	874,624	67.00
68.00	06800	SPEECH PATHOLOGY	0.383267	306,339	68.00
69.00	06900	ELECTROCARDIOLOGY	0.154601	6,472,362	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.401222	125,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.268236	13,572,282	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.391838	6,690,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.157859	25,093,252	73.00
74.00	07400	RENAL DIALYSIS	0.509858	1,078,943	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	WOUND CARE CENTER	0.768288	67,789	76.00
76.01	03951	DIABETES CENTER	1.055115	9,515	76.01
76.02	03952	CLINICAL NUTRITION	2.641111	55,902	76.02
76.97	07697	CARDIAC REHABILITATION	0.538103	2,382	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.270169	7,363,866	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.336102	792,496	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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)		126,950,933	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)		126,950,933	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 1:43 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		19,996,967	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		11,408,085	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		1,880,870	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		1,510,992	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		240.68	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.18	30.00
31.00	Percentage of Medicaid patient days (see instructions)		19.47	31.00
32.00	Sum of lines 30 and 31		21.65	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.08	33.00
34.00	Disproportionate share adjustment (see instructions)		1,617,708	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 1:43 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
<b>Uncompensated Care Adjustment</b>					
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000330801	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			2,992,552	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			754,288	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		754,288		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		35,657,918		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)		35,657,918		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,309,065		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	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).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		38,966,983		59.00
60.00	Primary payer payments		21,062		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		38,945,921		61.00
62.00	Deductibles billed to program beneficiaries		3,124,576		62.00
63.00	Coinurance billed to program beneficiaries		102,120		63.00
64.00	Allowable bad debts (see instructions)		276,253		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		179,564		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		276,253		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		35,898,789		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			-36,764	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)			114,343	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-139,376	70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 1:43 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		35,836,992		71.00
71.01	Sequestration adjustment (see instructions)		716,740		71.01
72.00	Interim payments		35,032,412		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		87,840		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		2,171,985		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
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
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: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 1:43 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		3,961	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		23,067,041	2.00
3.00	PPS payments		16,808,014	3.00
4.00	Outlier payment (see instructions)		188,841	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		3,961	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		23,601	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)		23,601	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		23,601	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		19,640	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)		3,961	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)		16,996,855	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,671,084	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)		13,329,732	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,329,732	30.00
31.00	Primary payer payments		3,064	31.00
32.00	Subtotal (line 30 minus line 31)		13,326,668	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		317,557	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		206,412	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		317,557	36.00
37.00	Subtotal (see instructions)		13,533,080	37.00
38.00	MSP-LCC reconciliation amount from PS&R		27	38.00
39.00			0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		13,533,053	40.00
40.01	Sequestration adjustment (see instructions)		270,661	40.01
41.00	Interim payments		13,268,247	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-5,855	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2014 1:43 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		35,015,417		13,259,754	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	11/01/2013	16,995	11/01/2013	8,493	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)		16,995		8,493	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)		35,032,412		13,268,247	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		87,840		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		5,855	6.02	
7.00	Total Medicare program liability (see instructions)		35,120,252		13,262,392	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
			0	1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Title XVIII		Hospital	PPS
			1.00

TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS			
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION			
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	0	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	0	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2	0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	0	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	0	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	0	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168	0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)	0	8.00
9.00	Sequestration adjustment amount (see instructions)	0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	0	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH			
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	0	32.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) Provider CCN: 140030 Period: From 05/01/2013 To 12/31/2013 Worksheet G Date/Time Prepared: 5/28/2014 1:43 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	10,196,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,939,000	0	0	0	4.00
5.00	Other receivable	2,289,000	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	17,088,000	0	0	0	9.00
10.00	Due from other funds	9,299,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	74,811,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	33,504,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	246,089,000	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	37,442,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-11,675,000	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)	305,360,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	151,339,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	151,339,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	531,510,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	7,211,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,666,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	166,000	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	40,000	0	0	0	43.00
44.00	Other current liabilities	64,194,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	86,277,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	178,039,000	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	104,792,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	282,831,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	369,108,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	162,402,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	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)	162,402,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	531,510,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet G-1

Date/Time Prepared:  
5/28/2014 1:43 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		0		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,778,367			2.00
3.00	Total (sum of line 1 and line 2)		10,778,367		0	3.00
4.00	FAIR VALUE NET ASSETS ACQUIRED	151,103,000		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00	NET ASSETS RELEASED	520,633		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		151,623,633		0	10.00
11.00	Subtotal (line 3 plus line 10)		162,402,000		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		162,402,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	FAIR VALUE NET ASSETS ACQUIRED		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00	NET ASSETS RELEASED		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			0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2014 1:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	123,101,821		123,101,821	1.00
2.00	SUBPROVIDER - IPF	0		0	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)	123,101,821		123,101,821	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	34,676,913		34,676,913	11.00
12.00	CORONARY CARE UNIT	0		0	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)	34,676,913		34,676,913	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	157,778,734		157,778,734	17.00
18.00	Ancillary services	250,084,711	322,244,385	572,329,096	18.00
19.00	Outpatient services	14,696,209	49,790,024	64,486,233	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)	422,559,654	372,034,409	794,594,063	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		181,363,458		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)		181,363,458		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140030

Period:  
From 05/01/2013  
To 12/31/2013

Worksheet G-3

Date/Time Prepared:  
5/28/2014 1:43 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	794,594,063	1.00
2.00	Less contractual allowances and discounts on patients' accounts	614,168,549	2.00
3.00	Net patient revenues (line 1 minus line 2)	180,425,514	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	181,363,458	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-937,944	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	5,285,335	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	TOTAL OTHER AND NON-OPERATING REV	6,430,976	24.00
25.00	Total other income (sum of lines 6-24)	11,716,311	25.00
26.00	Total (line 5 plus line 25)	10,778,367	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,778,367	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140030	Period: From 05/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 1:43 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,501,893	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		695,087	2.00
2.01	Model 4 BPCI Capital DRG outlier payments		0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		146.77	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.18	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		19.47	8.00
9.00	Sum of lines 7 and 8		21.65	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.48	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		112,085	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,309,065	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00