

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: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/21/2014 2:39 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/21/2014 Time: 2:39 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 SKOKIE HOSPITAL ( 140051 ) for the cost reporting period beginning 10/01/2012 and ending 09/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

Encryption Information  
ECR: Date: 2/21/2014 Time: 2:39 pm  
ve3o0rnLTI xI KF2FACn4Zw1Uw: JPAO  
QYMmm06vTGdvo2I FrU0rmZVxFGJ0mO  
60I v0sHyV20AuEdE  
PI: Date: 2/21/2014 Time: 2:39 pm  
WcpDgEAvnGq2S5zFK73Rn4N1FI GA80  
GFXZt0Q4BCWGI 6CJSI 0v9. 3c2g0chd  
nAGB0TNGEq0j RHNb

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

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-392,172	55,556	973,755	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-392,172	55,556	973,755	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/21/2014 2:39 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 9600 GROSS POINT ROAD	PO Box:		1.00
2.00	City: SKOKIE	State: IL	Zip Code: 60076	2.00
			County: COOK	

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital -Based Component Identification:										
3.00	Hospital	SKOKIE HOSPITAL	140051	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)					10/01/2012	09/30/2013	20.00
21.00	Type of Control (see instructions)						2	21.00

Inpatient PPS Information									
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N	22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					1	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.	3,590	759	0	0	79	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

	Urban/Rural S	Date of Geogr	
1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0	35.00

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	N				39.00
		V 1.00	XVIII 2.00	XIX 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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME 2.00	Direct GME 3.00	IME 4.00	Direct GME 5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name 1.00	Program Code 2.00	Unweighted IME FTE Count 3.00	Unweighted Direct GME FTE Count 4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<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 Nonprovider Site	Unweighted FTEs in Hospital	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
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00
			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	66.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
					1.00	2.00	
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	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
<b>Rural Providers</b>							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX			
		1.00	2.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	
		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	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	0	102,672	2,900,000		
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE				119.00	
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N		N	120.00	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
<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)	N			140.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/21/2014 2:39 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:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		143.00	
						1.00	
144.00	Are provider based physicians' costs included in Worksheet A?					Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.					Y	145.00
						1.00	
						2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.					N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.					N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.					N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.					N	149.00
		Part A	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
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)					0.50	169.00
						1.00	
						2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			10/01/2012	09/30/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/21/2014 2:39 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		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	12/17/2013	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: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-2  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<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.			Y	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			Y	33.00
<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.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
<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.	ALEXIS		WASHA	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTH SYSTEM			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5230		AWASHA@NORTHSHORE.ORG	43.00

		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)	12/17/2013	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.	SR DIRECTOR, FINANCE	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

HFS Supplemental Information		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 2/21/2014 2:39 pm	
			Title V	Title XIX	
			1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
<b>RCE DISALLOWANCE</b>					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
<b>PASS THROUGH COST</b>					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	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	140	51,100	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)		140	51,100	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,840	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)		156	56,940	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)		156				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: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	15,817	3,827	25,526			1.00
2.00	HMO and other (see instructions)	733	79				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)	15,817	3,827	25,526			7.00
8.00	INTENSIVE CARE UNIT	1,910	522	3,480			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	0			13.00
14.00	Total (see instructions)	17,727	4,349	29,006	15.14	738.58	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	0			24.10
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				15.14	738.58	27.00
28.00	Observation Bed Days		359	4,493			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			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: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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	3,764	391	6,535	1.00
2.00	HMO and other (see instructions)			153			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	3,764	391	6,535	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: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 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 II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	52,364,612	0	52,364,612	1,536,237.00	34.09
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		130,170	0	130,170	850.95	152.97
4.01	Physicians - Part A - Teaching		197,996	0	197,996	1,067.74	185.43
5.00	Physician-Part B		1,506,951	0	1,506,951	28,181.00	53.47
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	167,572	0	167,572	2,486.64	67.39
7.01	Contracted interns and residents (in an approved programs)		1,218,131	0	1,218,131	31,491.20	38.68
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		738,568	0	738,568	19,022.88	38.83
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		1,280,074	0	1,280,074	32,580.20	39.29
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) (see instructions)		12,346,547	0	12,346,547		
18.00	Wage-related costs (other) (see instructions)		2,981,171	0	2,981,171		
19.00	Excluded areas		159,278	0	159,278		
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		9,117	0	9,117		
22.01	Physician Part A - Teaching		25,539	0	25,539		
23.00	Physician Part B		298,533	0	298,533		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		404,836	0	404,836		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits Department	4.00	230,962	0	230,962	9,868.99	23.40
27.00	Administrative & General	5.00	3,674,299	0	3,674,299	173,318.78	21.20
28.00	Administrative & General under contract (see inst.)		779,900	0	779,900	3,593.00	217.06
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		1,843,006	0	1,843,006	104,067.00	17.71
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		1,954,958	0	1,954,958	96,714.00	20.21
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	801,063	0	801,063	20,609.15	38.87
39.00	Central Services and Supply	14.00	610,524	0	610,524	32,640.15	18.70
40.00	Pharmacy	15.00	2,308,542	0	2,308,542	56,466.74	40.88
41.00	Medical Records & Medical Records Library	16.00	628,914	0	628,914	27,116.75	23.19

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 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	771,637	0	771,637	0.00	0.00	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: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part III  
Date/Time Prepared:  
2/21/2014 2:39 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries 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)	53,851,826	0	53,851,826	1,677,384.42	32.10	1.00
2.00	Excluded area salaries (see instructions)	738,568	0	738,568	19,022.88	38.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	53,113,258	0	53,113,258	1,658,361.54	32.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,280,074	0	1,280,074	32,580.20	39.29	4.00
5.00	Subtotal wage-related costs (see inst.)	15,336,835	0	15,336,835	0.00	28.88	5.00
6.00	Total (sum of lines 3 thru 5)	69,730,167	0	69,730,167	1,690,941.74	41.24	6.00
7.00	Total overhead cost (see instructions)	13,603,805	0	13,603,805	524,394.56	25.94	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 2/21/2014 2:39 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			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		1,680,461	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		45,750	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)		5,152,571	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,826,015	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		3,539,054	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		13,243,851	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	MALPRACTICE EXPENSE		2,981,171	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet S-3  
Part V  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,280,074	0	1.00
2.00	Hospital	1,280,074	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC	0	0	10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet S-10 Date/Time Prepared: 2/21/2014 2:39 pm
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			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)		0.254194	1.00	
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		11,156,025	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		36,397,349	6.00	
7.00	Medicaid cost (line 1 times line 6)		9,251,988	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0	8.00	
<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)		0	19.00	
			1.00		
			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	7,117,598	876,170	7,993,768	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,809,251	222,717	2,031,968	21.00
22.00	Partial payment by patients approved for charity care	107,676	183,669	291,345	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,701,575	39,048	1,740,623	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,752,696	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,034,834	27.00	
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		8,717,862	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		2,216,028	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,956,651	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,956,651	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		17,776,810	17,776,810	0	17,776,810	1.00
1.01 00101 NEW CAP REL COSTS - OOH		0	0	0	0	1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP		5,053,189	5,053,189	956,536	6,009,725	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	230,962	71,262	302,224	0	302,224	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	3,674,299	9,022,895	12,697,194	-1,053,699	11,643,495	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	0	7,872,477	7,872,477	97,163	7,969,640	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	580,217	580,217	0	580,217	8.00
9.00 00900 HOUSEKEEPING	0	2,307,624	2,307,624	0	2,307,624	9.00
10.00 01000 DIETARY	0	2,744,425	2,744,425	0	2,744,425	10.00
11.00 01100 CAFETERIA	0	444,511	444,511	0	444,511	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	801,063	258,811	1,059,874	0	1,059,874	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	610,524	1,968,745	2,579,269	-1,223,341	1,355,928	14.00
15.00 01500 PHARMACY	2,308,542	8,938,180	11,246,722	-3,939,628	7,307,094	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	628,914	414,588	1,043,502	0	1,043,502	16.00
17.00 01700 SOCIAL SERVICE	771,637	585,106	1,356,743	0	1,356,743	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	167,572	1,249,575	1,417,147	0	1,417,147	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)	245,008	73,591	318,599	0	318,599	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	14,156,933	4,468,505	18,625,438	1,034,473	19,659,911	30.00
31.00 03100 INTENSIVE CARE UNIT	2,982,893	1,185,183	4,168,076	0	4,168,076	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	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	5,306,097	16,855,085	22,161,182	-9,504,450	12,656,732	50.00
51.00 05100 RECOVERY ROOM	999,354	321,218	1,320,572	0	1,320,572	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	1,447,705	968,840	2,416,545	0	2,416,545	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,747,787	1,440,029	3,187,816	-384,287	2,803,529	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	556,633	876,253	1,432,886	0	1,432,886	56.00
56.01 05601 PURCHASED SCAN	883,262	248,982	1,132,244	0	1,132,244	56.01
56.02 05602 ULTRASOUND	444,515	154,811	599,326	0	599,326	56.02
56.03 05603 BREAST IMAGING	313,994	233,081	547,075	-9,828	537,247	56.03
57.00 05700 CT SCAN	512,418	892,491	1,404,909	0	1,404,909	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	612,190	712,508	1,324,698	0	1,324,698	58.00
59.00 05900 CARDIAC CATHETERIZATION	632,643	2,624,263	3,256,906	-1,266,551	1,990,355	59.00
60.00 06000 LABORATORY	2,271,374	2,458,397	4,729,771	0	4,729,771	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	394,296	292,553	686,849	0	686,849	64.00
65.00 06500 RESPIRATORY THERAPY	1,202,932	541,487	1,744,419	0	1,744,419	65.00
66.00 06600 PHYSICAL THERAPY	868,025	264,199	1,132,224	0	1,132,224	66.00
67.00 06700 OCCUPATIONAL THERAPY	293,980	88,489	382,469	0	382,469	67.00
68.00 06800 SPEECH PATHOLOGY	81,085	23,143	104,228	0	104,228	68.00
69.00 06900 ELECTROCARDIOLOGY	754,991	254,308	1,009,299	0	1,009,299	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	188,868	188,868	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,194,469	11,194,469	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,939,628	3,939,628	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
75.04 07504 SPECIAL DIAGNOSTICS	156,942	87,533	244,475	0	244,475	75.04
75.05 07505 INPATIENT RENAL DIALYSIS	0	278,195	278,195	0	278,195	75.05
75.06 07506 OP SURGERY	2,277,088	1,104,052	3,381,140	-29,353	3,351,787	75.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A  
Date/Time Prepared:  
2/21/2014 2:39 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	
<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	918,954	507,226	1,426,180	0	1,426,180	90.00
91.00 09100 EMERGENCY	2,616,440	1,231,389	3,847,829	0	3,847,829	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	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)	51,871,052	97,474,226	149,345,278	0	149,345,278	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	69,501	89,202	158,703	0	158,703	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	93,084	1,977,260	2,070,344	0	2,070,344	192.00
192.01 19201 GHP/WH	0	20,023	20,023	0	20,023	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	330,975	107,853	438,828	0	438,828	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 TOTAL (SUM OF LINES 118-199)	52,364,612	99,668,564	152,033,176	0	152,033,176	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A  
Date/Time Prepared:  
2/21/2014 2:39 pm

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	0	17,776,810	1.00
1.01	00101	NEW CAP REL COSTS - 00H	0	0	1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-146,117	5,863,608	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	302,224	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,558,152	8,085,343	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,498	7,968,142	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	580,217	8.00
9.00	00900	HOUSEKEEPING	0	2,307,624	9.00
10.00	01000	DIETARY	-738,750	2,005,675	10.00
11.00	01100	CAFETERIA	0	444,511	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	1,059,874	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,355,928	14.00
15.00	01500	PHARMACY	-16,700	7,290,394	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,043,502	16.00
17.00	01700	SOCIAL SERVICE	0	1,356,743	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	1,417,147	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	318,599	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-187,417	19,472,494	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,168,076	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	0	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	-1,401,010	11,255,722	50.00
51.00	05100	RECOVERY ROOM	0	1,320,572	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,416,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,803,529	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,432,886	56.00
56.01	05601	PURCHASED SCAN	-45,247	1,086,997	56.01
56.02	05602	ULTRASOUND	0	599,326	56.02
56.03	05603	BREAST IMAGING	0	537,247	56.03
57.00	05700	CT SCAN	0	1,404,909	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,324,698	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,990,355	59.00
60.00	06000	LABORATORY	0	4,729,771	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	686,849	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,744,419	65.00
66.00	06600	PHYSICAL THERAPY	0	1,132,224	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	382,469	67.00
68.00	06800	SPEECH PATHOLOGY	0	104,228	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,009,299	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	188,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,194,469	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,939,628	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.04	07504	SPECIAL DIAGNOSTICS	0	244,475	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	0	278,195	75.05
75.06	07506	OP SURGERY	0	3,351,787	75.06
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	6.00	7.00	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	1,426,180	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	-79,049	3,768,780	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	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)	-6,173,940	143,171,338	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	158,703	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,070,344	192.00
192.01	19201	GHP/WH	0	20,023	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	0	438,828	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-6,173,940	145,859,236	200.00



COST CENTERS USED IN COST REPORT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet Non-CMS W Date/Time Prepared: 2/21/2014 2:39 pm
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Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01 NEW CAP REL COSTS - OOH	00101		1.01
2.00 CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAP REL COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
6.00 MAINTENANCE & REPAIRS	00600		6.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
12.00 MAINTENANCE OF PERSONNEL	01200		12.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
18.00 OTHER GENERAL SERVICE (SPECIFY)	01850		18.00
19.00 NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00 NURSING SCHOOL	02000		20.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00 PARAMED ED PRGM-(SPECIFY)	02300		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - I RF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
56.01 PURCHASED SCAN	05601		56.01
56.02 ULTRASOUND	05602		56.02
56.03 BREAST IMAGING	05603		56.03
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
75.04 SPECIAL DIAGNOSTICS	07504		75.04
75.05 INPATIENT RENAL DIALYSIS	07505		75.05
75.06 OP SURGERY	07506		75.06

COST CENTERS USED IN COST REPORT

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet Non-CMS W  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	OTHER REIMBURSABLE COST CENTERS	05950		98.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	GHP/WH	19201		192.01
192.02	PHYSICIAN REFERRAL/DEVELOPMENT	19202		192.02
193.00	NONPAID WORKERS	19300		193.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,939,628	1.00
	TOTALS		0	3,939,628	
<b>B - CHARGEABLE MED SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	186,319	1.00
	TOTALS		0	186,319	
<b>C - C/S RENTAL COST</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,549	1.00
	TOTALS		0	2,549	
<b>D - CAPITAL</b>					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	956,536	1.00
2.00	OPERATION OF PLANT	7.00	0	97,163	2.00
	TOTALS		0	1,053,699	
<b>E - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,194,469	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	11,194,469	
<b>F - PATIENT TRANSPORT</b>					
1.00	ADULTS & PEDIATRICS	30.00	0	1,034,473	1.00
	TOTALS		0	1,034,473	
500.00	Grand Total: Increases		0	17,411,137	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
<b>A - CHARGEABLE DRUGS</b>							
1.00	PHARMACY	15.00	0	3,939,628	0		1.00
	TOTALS		0	3,939,628			
<b>B - CHARGEABLE MED SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	186,319	0		1.00
	TOTALS		0	186,319			
<b>C - C/S RENTAL COST</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,549	0		1.00
	TOTALS		0	2,549			
<b>D - CAPITAL</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,053,699	9		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,053,699			
<b>E - IMPLANTABLE DEVICES</b>							
1.00	OPERATING ROOM	50.00	0	9,504,450	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	384,287	0		2.00
3.00	BREAST IMAGING	56.03	0	9,828	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	1,266,551	0		4.00
5.00	OP SURGERY	75.06	0	29,353	0		5.00
	TOTALS		0	11,194,469			
<b>F - PATIENT TRANSPORT</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,034,473	0		1.00
	TOTALS		0	1,034,473			
500.00	Grand Total: Decreases		0	17,411,137			500.00

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
<b>A - CHARGEABLE DRUGS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	1.00
	TOTALS		0	TOTALS	0	0
<b>B - CHARGEABLE MED SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	1.00
	TOTALS		0	TOTALS	0	0
<b>C - C/S RENTAL COST</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	1.00
	TOTALS		0	TOTALS	0	0
<b>D - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMINISTRATIVE & GENERAL	5.00	1.00
2.00	OPERATION OF PLANT	7.00	0		0.00	2.00
	TOTALS		0	TOTALS	0	0
<b>E - IMPLANTABLE DEVICES</b>						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	OPERATING ROOM	50.00	1.00
2.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	2.00
3.00		0.00	0	BREAST IMAGING	56.03	3.00
4.00		0.00	0	CARDIAC CATHETERIZATION	59.00	4.00
5.00		0.00	0	OP SURGERY	75.06	5.00
	TOTALS		0	TOTALS	0	0
<b>F - PATIENT TRANSPORT</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	CENTRAL SERVICES & SUPPLY	14.00	1.00
	TOTALS		0	TOTALS	0	0
500.00	Grand Total: Increases		0	Grand Total: Decreases		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	26,269,650	0	0	0	1.00
2.00	Land Improvements	2,918,187	57,893	0	57,893	2.00
3.00	Buildings and Fixtures	118,820,276	76,493,336	0	76,493,336	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	37,998,498	7,553,964	0	7,553,964	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	186,006,611	84,105,193	0	84,105,193	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	186,006,611	84,105,193	0	84,105,193	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	26,269,650	0			1.00
2.00	Land Improvements	2,976,080	50,367			2.00
3.00	Buildings and Fixtures	194,904,064	13,573,415			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	44,286,679	10,928,112			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	268,436,473	24,551,894			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	268,436,473	24,551,894			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A-7  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	17,776,810	0	0	0	0	1.00
1.01	NEW CAP REL COSTS - 00H	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	5,053,189	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	22,829,999	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	17,776,810				1.00
1.01	NEW CAP REL COSTS - 00H	0	0				1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	5,053,189				2.00
3.00	Total (sum of lines 1-2)	0	22,829,999				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A-7  
Part III  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	224,149,794	0	224,149,794	0.835020	0	1.00
1.01	NEW CAP REL COSTS - 00H	0	0	0	0.000000	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	44,286,679	0	44,286,679	0.164980	0	2.00
3.00	Total (sum of lines 1-2)	268,436,473	0	268,436,473	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	17,776,810	0	1.00
1.01	NEW CAP REL COSTS - 00H	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	5,863,608	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	23,640,418	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 col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	17,776,810	1.00
1.01	NEW CAP REL COSTS - 00H	0	0	0	0	0	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	5,863,608	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	23,640,418	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			3.00	4.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01 Investment income - NEW CAP REL COSTS - 00H (chapter 2)			ONEW CAP REL COSTS - 00H	1.01	0 1.01
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)		0		0.00	0 7.00
8.00 Television and radio service (chapter 21)	B	-1,498	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	-423,760			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-738,750	DIETARY	10.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts		0		0.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0 19.00
20.00 Vending machines		0		0.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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 REVI EW-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 - NEW CAP REL COSTS - 00H			ONEW CAP REL COSTS - 00H	1.01	0 26.01
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			OCAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			ONONPHYSI CI AN ANESTHETI STS	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		OOCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)			OADULTS & PEDI ATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00

Provider CCN: 140051

Period:  
 From 10/01/2012  
 To 09/30/2013

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0	32.00
33.00 REAL ESTATE TAXES	A	1,207,151	ADMINISTRATIVE & GENERAL		5.00	0	33.00
36.00 DEPR POST 33098 ASSETS <5K FY6/30/08	A	-30,112	CAP REL COSTS-MVBLE EQUIP		2.00	9	36.00
37.00 DEPR POST 33098 ASSETS <5K FY12/31/0	A	-116,005	CAP REL COSTS-MVBLE EQUIP		2.00	9	37.00
38.00 NON ALLOWABLE EXPENSES	A	-91,753	ADMINISTRATIVE & GENERAL		5.00	0	38.00
38.01 NON ALLOWABLE EXPENSES	A	-16,700	PHARMACY		15.00	0	38.01
38.02 PROVIDER BASED PHYSICIANS OFFSET	A	-48,612	ADULTS & PEDIATRICS		30.00	0	38.02
38.03 PROVIDER TAX	A	-4,673,550	ADMINISTRATIVE & GENERAL		5.00	0	38.03
38.04 NON ALLOWABLE EXPENSES	A	-1,738	OPERATING ROOM		50.00	0	38.04
38.05 OFFSET PHYSICIAN ASSISTANT SALARIES	A	-1,159,564	OPERATING ROOM		50.00	0	38.05
38.06 OFFSET PHYSICIAN ASSISTANT SALARIES	A	-79,049	EMERGENCY		91.00	0	38.06
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-6,173,940					50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet A-8-2

Date/Time Prepared:  
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	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	183,349	113,351	69,998	138,700	668	1.00
2.00	50.00	OPERATING ROOM	275,608	154,988	120,620	208,000	359	2.00
3.00	56.01	PURCHASED SCAN	77,588	0	77,588	138,700	485	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			536,545	268,339	268,206		1,512	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	44,544	2,227	0	0	0	1.00
2.00	50.00	OPERATING ROOM	35,900	1,795	0	0	0	2.00
3.00	56.01	PURCHASED SCAN	32,341	1,617	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			112,785	5,639	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	44,544	25,454	138,805	1.00
2.00	50.00	OPERATING ROOM	0	35,900	84,720	239,708	2.00
3.00	56.01	PURCHASED SCAN	0	32,341	45,247	45,247	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	112,785	155,421	423,760	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW CAP REL COSTS - 00H	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	17,776,810	17,776,810			1.00
1.01 00101	NEW CAP REL COSTS - 00H	0	0	0		1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,863,608		5,863,608		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	302,224		0	591,593	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	8,085,343	5,847,803	0	305,594	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	7,968,142	3,120,901	0	160,429	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	580,217	53,029	0	0	8.00
9.00 00900	HOUSEKEEPING	2,307,624	153,747	0	7,083	9.00
10.00 01000	DIETARY	2,005,675	237,433	0	38,161	10.00
11.00 01100	CAFETERIA	444,511	230,116	0	10,209	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	1,059,874	37,554	0	225,301	9,090
14.00 01400	CENTRAL SERVICES & SUPPLY	1,355,928	238,064	0	117,294	6,928
15.00 01500	PHARMACY	7,290,394	183,226	0	419	26,197
16.00 01600	MEDICAL RECORDS & LIBRARY	1,043,502	121,450	0	325	7,137
17.00 01700	SOCIAL SERVICE	1,356,743	0	0	0	8,757
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	1,417,147	61,314	0	0	1,902
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	318,599	0	0	0	2,780
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	19,472,494	2,104,936	0	472,787	160,634
31.00 03100	INTENSIVE CARE UNIT	4,168,076	474,403	0	88,496	33,850
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	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	11,255,722	830,637	0	785,489	60,214
51.00 05100	RECOVERY ROOM	1,320,572	130,281	0	1,886	11,341
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	2,416,545	16,947	0	102,724	16,429
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,803,529	535,843	0	875,488	19,834
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	1,432,886	157,195	0	52,052	6,317
56.01 05601	PURCHASED SCAN	1,086,997	349,631	0	218,410	10,023
56.02 05602	ULTRASOUND	599,326	42,011	0	97,609	5,044
56.03 05603	BREAST IMAGING	537,247	14,004	0	155,612	3,563
57.00 05700	CT SCAN	1,404,909	0	0	0	5,815
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,324,698	0	0	0	6,947
59.00 05900	CARDIAC CATHETERIZATION	1,990,355	152,990	0	1,043,675	7,179
60.00 06000	LABORATORY	4,729,771	413,005	0	144,193	25,776
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	686,849	8,032	0	0	4,474
65.00 06500	RESPIRATORY THERAPY	1,744,419	61,230	0	75,599	13,651
66.00 06600	PHYSICAL THERAPY	1,132,224	3,617	0	4,212	9,850
67.00 06700	OCCUPATIONAL THERAPY	382,469	19,345	0	1,376	3,336
68.00 06800	SPEECH PATHOLOGY	104,228	0	0	345	920
69.00 06900	ELECTROCARDIOLOGY	1,009,299	290,504	0	290,626	8,568
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	188,868	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,194,469	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	3,939,628	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.04 07504	SPECIAL DIAGNOSTICS	244,475	12,826	0	8,620	1,781

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	NEW CAP REL COSTS - 00H	MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
75.05 07505 INPATIENT RENAL DIALYSIS	278,195	20,606	0	0	0	75.05
75.06 07506 OP SURGERY	3,351,787	496,776	0	298,182	25,840	75.06
<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	1,426,180	106,647	0	1,179	10,428	90.00
91.00 09100 EMERGENCY	3,768,780	427,808	0	236,200	29,691	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 11800 SUBTOTALS (SUM OF LINES 1-117)	143,171,338	17,243,280	0	5,819,575	585,992	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	158,703	51,431	0	0	789	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,070,344	471,123	0	44,033	1,056	192.00
192.01 19201 GHP/WH	20,023	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	438,828	10,976	0	0	3,756	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	145,859,236	17,776,810	0	5,863,608	591,593	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS - 00H						1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,280,436	14,280,436				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0			6.00
7.00	00700	OPERATION OF PLANT	11,249,472	1,220,916	0	12,470,388		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	633,246	68,727	0	77,628	779,601	8.00
9.00	00900	HOUSEKEEPING	2,468,454	267,904	0	225,067	8,938	9.00
10.00	01000	DIETARY	2,281,269	247,588	0	347,573		10.00
11.00	01100	CAFETERIA	684,836	74,326	0	336,861	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,331,819	144,544	0	54,974		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,718,214	186,479	0	348,496	26,865	14.00
15.00	01500	PHARMACY	7,500,236	814,008	0	268,221	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,172,414	127,243	0	177,788	0	16.00
17.00	01700	SOCIAL SERVICE	1,365,500	148,199	0	0	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	1,480,363	160,665	0	89,756	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)	321,379	34,880	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,210,851	2,410,622	0	3,081,367	224,064	30.00
31.00	03100	INTENSIVE CARE UNIT	4,764,825	517,131	0	694,468	62,720	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	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,932,062	1,403,530	0	1,215,951	80,647	50.00
51.00	05100	RECOVERY ROOM	1,464,080	158,898	0	190,716	8,938	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,552,645	277,041	0	24,809	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,234,694	459,596	0	784,409	17,927	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIO SOTOPE	1,648,450	178,908	0	230,115	17,927	56.00
56.01	05601	PURCHASED SCAN	1,665,061	180,711	0	511,817	26,865	56.01
56.02	05602	ULTRASOUND	743,990	80,746	0	61,499	17,927	56.02
56.03	05603	BREAST IMAGING	710,426	77,103	0	20,500	17,927	56.03
57.00	05700	CT SCAN	1,410,724	153,107	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,331,645	144,525	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,194,199	346,670	0	223,958	17,927	59.00
60.00	06000	LABORATORY	5,312,745	576,598	0	604,589	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	699,355	75,902	0	11,758	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,894,899	205,655	0	89,633	0	65.00
66.00	06600	PHYSICAL THERAPY	1,149,903	124,800	0	5,294	26,865	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,526	44,121	0	28,318	0	67.00
68.00	06800	SPEECH PATHOLOGY	105,493	11,449	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,598,997	173,541	0	425,263	35,854	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	188,868	20,498	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,194,469	1,214,947	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,939,628	427,572	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
75.04	07504	SPECIAL DIAGNOSTICS	267,702	29,054	0	18,776	0	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	298,801	32,429	0	30,165	0	75.05
75.06	07506	OP SURGERY	4,172,585	452,855	0	727,219	80,647	75.06
<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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4A	5.00	6.00	7.00	8.00	
90.00	09000 CLINIC	1,544,434	167,619	0	156,118	0	90.00
91.00	09100 EMERGENCY	4,462,479	484,317	0	626,259	107,563	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	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)	142,588,174	13,925,424	0	11,689,365	779,601	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	210,923	22,892	0	75,289	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,586,556	280,722	0	689,667	0	192.00
192.01	19201 GHP/WH	20,023	2,173	0	0	0	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	453,560	49,225	0	16,067	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	145,859,236	14,280,436	0	12,470,388	779,601	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part I Date/Time Prepared: 2/21/2014 2:39 pm				
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION		
		9.00	10.00	11.00	12.00	13.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS - 00H					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	2,970,363				9.00	
10.00	01000	DIETARY	84,849	2,961,279			10.00	
11.00	01100	CAFETERIA	82,234	0	1,178,257		11.00	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	13,420	0	17,685	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	85,074	0	27,999	0	14.00	
15.00	01500	PHARMACY	65,478	0	48,450	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	43,401	0	23,270	0	16.00	
17.00	01700	SOCIAL SERVICE	0	0	17,417	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	21,911	0	2,141	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	7,138	0	23.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	752,223	2,459,704	339,189	0	1,289,283	30.00
31.00	03100	INTENSIVE CARE UNIT	169,533	241,311	71,863	0	273,159	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	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	296,836	63,962	110,909	0	0	50.00
51.00	05100	RECOVERY ROOM	46,557	5,011	20,272	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,056	0	13,598	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	191,489	0	46,451	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	56,175	0	14,026	0	0	56.00
56.01	05601	PURCHASED SCAN	124,944	0	29,713	0	0	56.01
56.02	05602	ULTRASOUND	15,013	0	7,745	0	0	56.02
56.03	05603	BREAST IMAGING	5,004	0	7,674	0	0	56.03
57.00	05700	CT SCAN	0	0	11,760	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	13,420	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	54,672	4,774	14,258	0	0	59.00
60.00	06000	LABORATORY	147,592	0	77,395	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	2,870	0	8,048	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	21,881	71	32,657	0	0	65.00
66.00	06600	PHYSICAL THERAPY	1,292	0	24,591	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,913	0	6,246	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	1,767	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	103,815	6,959	18,738	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
75.04	07504	SPECIAL DIAGNOSTICS	4,584	0	3,908	0	0	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	7,364	95	0	0	0	75.05
75.06	07506	OP SURGERY	177,528	56,385	56,998	0	0	75.06
<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



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
90.00	09000 CLINIC	38,111	123,007	30,069	0	0	90.00
91.00	09100 EMERGENCY	152,882	0	63,690	0	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)	2,779,701	2,961,279	1,169,085	0	1,562,442	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	18,379	0	2,712	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	168,361	0	4,675	0	0	192.00
192.01	19201 GHP/WH	0	0	0	0	0	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	3,922	0	1,785	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,970,363	2,961,279	1,178,257	0	1,562,442	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE	
						(SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS - OOH					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,393,127				14.00
15.00	01500	PHARMACY	24,849	8,721,242			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	1,544,116		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,531,116	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	373,714	1,093	160,739	1,297,205	0 30.00
31.00	03100	INTENSIVE CARE UNIT	118,407	476	33,276	218,973	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	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	867,718	11,065	182,903	0	0 50.00
51.00	05100	RECOVERY ROOM	21,788	70	36,458	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	233,693	276,376	27,802	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88,074	8,346	73,396	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	11,755	9,664	48,227	0	0 56.00
56.01	05601	PURCHASED SCAN	0	0	46,173	0	0 56.01
56.02	05602	ULTRASOUND	0	0	14,610	0	0 56.02
56.03	05603	BREAST IMAGING	0	0	12,907	0	0 56.03
57.00	05700	CT SCAN	91,861	49,306	91,668	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	50,433	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	49,000	8,928	60,920	0	0 59.00
60.00	06000	LABORATORY	85,200	417	102,135	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	4,120	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	81,186	195	28,956	0	0 65.00
66.00	06600	PHYSICAL THERAPY	4,532	0	11,756	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	5,849	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	58,329	1,814	2,017	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	14,468	0	57,193	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,103	0	62,981	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	133,714	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	8,348,372	107,136	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
75.04	07504	SPECIAL DIAGNOSTICS	0	0	6,492	0	0 75.04
75.05	07505	INPATIENT RENAL DIALYSIS	4,769	0	2,201	0	0 75.05
75.06	07506	OP SURGERY	0	0	51,488	5,602	0 75.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
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Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
	14.00	15.00	16.00	17.00	18.00	
<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	6,936	0	0	90.00
91.00 09100 EMERGENCY	245,480	911	121,630	9,336	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)	2,389,926	8,717,033	1,544,116	1,531,116	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	3,069	471	0	0	0	192.00
192.01 19201 GHP/WH	132	3,738	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,393,127	8,721,242	1,544,116	1,531,116	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

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Cost Center Description	INTERNS & RESIDENTS					PARAMED PRGM
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	19.00	20.00	21.00	22.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS - OOH						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0					19.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,754,836			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	363,397	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	0	827,578	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	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	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	426,539	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	500,719	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
56.01 05601 PURCHASED SCAN	0	0	0	0	0	56.01
56.02 05602 ULTRASOUND	0	0	0	0	0	56.02
56.03 05603 BREAST IMAGING	0	0	0	0	0	56.03
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	363,397	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
75.04 07504 SPECIAL DIAGNOSTICS	0	0	0	0	0	75.04
75.05 07505 INPATIENT RENAL DIALYSIS	0	0	0	0	0	75.05
75.06 07506 OP SURGERY	0	0	0	0	0	75.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
<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)						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)	0	0	1,754,836	0	363,397	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
192.01 19201 GHP/WH	0	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	1,754,836	0	363,397	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.00	00500				5.00
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
12.00	01200				12.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
18.00	01850				18.00
19.00	01900				19.00
20.00	02000				20.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	35,427,632	-827,578	34,600,054	30.00
31.00	03100	7,166,142	0	7,166,142	31.00
32.00	03200	0	0	0	32.00
33.00	03300	0	0	0	33.00
34.00	03400	0	0	0	34.00
40.00	04000	0	0	0	40.00
41.00	04100	0	0	0	41.00
42.00	04200	0	0	0	42.00
43.00	04300	0	0	0	43.00
44.00	04400	0	0	0	44.00
45.00	04500	0	0	0	45.00
46.00	04600	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	17,592,122	-426,539	17,165,583	50.00
51.00	05100	1,952,788	0	1,952,788	51.00
52.00	05200	0	0	0	52.00
53.00	05300	3,912,739	-500,719	3,412,020	53.00
54.00	05400	5,904,382	0	5,904,382	54.00
55.00	05500	0	0	0	55.00
56.00	05600	2,215,247	0	2,215,247	56.00
56.01	05601	2,585,284	0	2,585,284	56.01
56.02	05602	941,530	0	941,530	56.02
56.03	05603	851,541	0	851,541	56.03
57.00	05700	1,808,426	0	1,808,426	57.00
58.00	05800	1,540,023	0	1,540,023	58.00
59.00	05900	3,975,306	0	3,975,306	59.00
60.00	06000	6,906,671	0	6,906,671	60.00
60.01	06001	0	0	0	60.01
61.00	06100	0	0	0	61.00
62.00	06200	0	0	0	62.00
63.00	06300	0	0	0	63.00
64.00	06400	802,053	0	802,053	64.00
65.00	06500	2,355,133	0	2,355,133	65.00
66.00	06600	1,349,033	0	1,349,033	66.00
67.00	06700	497,973	0	497,973	67.00
68.00	06800	180,869	0	180,869	68.00
69.00	06900	2,434,828	0	2,434,828	69.00
70.00	07000	0	0	0	70.00
71.00	07100	287,450	0	287,450	71.00
72.00	07200	12,543,130	0	12,543,130	72.00
73.00	07300	13,186,105	0	13,186,105	73.00
74.00	07400	0	0	0	74.00
75.00	07500	0	0	0	75.00
75.04	07504	330,516	0	330,516	75.04
75.05	07505	375,824	0	375,824	75.05
75.06	07506	5,781,307	0	5,781,307	75.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER CLINIC	0	0	0	89.00
90.00	09000 CLINIC	2,066,294	0	2,066,294	90.00
91.00	09100 EMERGENCY	6,274,547	0	6,274,547	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		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	09950 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	SUBTOTALS (SUM OF LINES 1-117)	141,244,895	-1,754,836	139,490,059	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	330,195	0	330,195	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,733,521	0	3,733,521	192.00
192.01	19201 GHP/WH	26,066	0	26,066	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	524,559	0	524,559	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	145,859,236	-1,754,836	144,104,400	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet Non-CMS W

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
1.01	NEW CAP REL COSTS - 00H	0	SQUARE FEET	1.01
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-5	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	6	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	10	MEALS SERVED	10.00
11.00	CAFETERIA	11	FTES SERVED	11.00
12.00	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	13	DIRECT NURS. HRS.	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	14.00
15.00	PHARMACY	15	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	17	TIME SPENT	17.00
18.00	OTHER GENERAL SERVICE (SPECIFY)	18	TIME SPENT	18.00
19.00	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	20	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	23	ASSIGNED TIME	23.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	NEW CAP REL COSTS - 00H	MVBLE EQUIP		
		0	1. 00	2. 00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS - 00H					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	289,369	0	289,369	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	5,847,803	0	305,594	6,153,397
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	3,120,901	0	160,429	3,281,330
8.00 00800	LAUNDRY & LINEN SERVICE	0	53,029	0	0	53,029
9.00 00900	HOUSEKEEPING	0	153,747	0	7,083	160,830
10.00 01000	DIETARY	0	237,433	0	38,161	275,594
11.00 01100	CAFETERIA	0	230,116	0	10,209	240,325
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	37,554	0	225,301	262,855
14.00 01400	CENTRAL SERVICES & SUPPLY	0	238,064	0	117,294	355,358
15.00 01500	PHARMACY	0	183,226	0	419	183,645
16.00 01600	MEDICAL RECORDS & LIBRARY	0	121,450	0	325	121,775
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
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	61,314	0	0	61,314
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	0	2,104,936	0	472,787	2,577,723
31.00 03100	INTENSIVE CARE UNIT	0	474,403	0	88,496	562,899
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	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	830,637	0	785,489	1,616,126
51.00 05100	RECOVERY ROOM	0	130,281	0	1,886	132,167
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	16,947	0	102,724	119,671
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	535,843	0	875,488	1,411,331
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	157,195	0	52,052	209,247
56.01 05601	PURCHASED SCAN	0	349,631	0	218,410	568,041
56.02 05602	ULTRASOUND	0	42,011	0	97,609	139,620
56.03 05603	BREAST IMAGING	0	14,004	0	155,612	169,616
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	152,990	0	1,043,675	1,196,665
60.00 06000	LABORATORY	0	413,005	0	144,193	557,198
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	0	8,032	0	0	8,032
65.00 06500	RESPIRATORY THERAPY	0	61,230	0	75,599	136,829
66.00 06600	PHYSICAL THERAPY	0	3,617	0	4,212	7,829
67.00 06700	OCCUPATIONAL THERAPY	0	19,345	0	1,376	20,721
68.00 06800	SPEECH PATHOLOGY	0	0	0	345	345
69.00 06900	ELECTROCARDIOLOGY	0	290,504	0	290,626	581,130
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
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
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.04 07504	SPECIAL DIAGNOSTICS	0	12,826	0	8,620	21,446
75.05 07505	INPATIENT RENAL DIALYSIS	0	20,606	0	0	20,606

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		BLDG & FIXT	NEW CAP REL COSTS - 00H	MVBLE EQUIP		
		1. 00	1. 01	2. 00		
75.06 07506 OP SURGERY	0	496,776	0	298,182	794,958	75.06
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	106,647	0	1,179	107,826	90.00
91.00 09100 EMERGENCY	0	427,808	0	236,200	664,008	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	17,243,280	0	5,819,575	23,062,855	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	51,431	0	0	51,431	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	471,123	0	44,033	515,156	192.00
192.01 19201 GHP/WH	0	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	10,976	0	0	10,976	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	17,776,810	0	5,863,608	23,640,418	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS - 00H					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	289,369				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,396	6,173,793			5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	527,836	0	3,809,166	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,713	0	23,712	106,454
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,713	0	23,712	106,454
9.00	00900	HOUSEKEEPING	0	115,822	0	68,748	1,221
10.00	01000	DIETARY	0	107,039	0	106,168	0
11.00	01100	CAFETERIA	0	32,133	0	102,897	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	4,447	62,490	0	16,792	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,389	80,620	0	106,451	3,668
15.00	01500	PHARMACY	12,815	351,919	0	81,930	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,491	55,011	0	54,307	0
17.00	01700	SOCIAL SERVICE	4,283	64,071	0	0	0
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	930	69,460	0	27,417	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	1,360	15,079	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	78,562	1,042,140	0	941,226	30,596
31.00	03100	INTENSIVE CARE UNIT	16,558	223,570	0	212,130	8,564
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	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	29,454	606,785	0	371,420	11,012
51.00	05100	RECOVERY ROOM	5,547	68,696	0	58,255	1,221
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	8,036	119,773	0	7,578	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,702	198,696	0	239,603	2,448
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	3,090	77,347	0	70,290	2,448
56.01	05601	PURCHASED SCAN	4,903	78,126	0	156,338	3,668
56.02	05602	ULTRASOUND	2,468	34,909	0	18,785	2,448
56.03	05603	BREAST IMAGING	1,743	33,334	0	6,262	2,448
57.00	05700	CT SCAN	2,844	66,193	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,398	62,482	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	3,512	149,875	0	68,410	2,448
60.00	06000	LABORATORY	12,608	249,279	0	184,676	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
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	2,189	32,814	0	3,592	0
65.00	06500	RESPIRATORY THERAPY	6,677	88,911	0	27,379	0
66.00	06600	PHYSICAL THERAPY	4,818	53,955	0	1,617	3,668
67.00	06700	OCCUPATIONAL THERAPY	1,632	19,075	0	8,650	0
68.00	06800	SPEECH PATHOLOGY	450	4,950	0	0	0
69.00	06900	ELECTROCARDIOLOGY	4,191	75,027	0	129,899	4,896
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,862	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	525,256	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	184,851	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.04	07504	SPECIAL DIAGNOSTICS	871	12,561	0	5,735	0
75.05	07505	INPATIENT RENAL DIALYSIS	0	14,020	0	9,214	0
75.06	07506	OP SURGERY	12,640	195,782	0	222,134	11,012
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,101	72,466	0	47,687	0	90.00
91.00	09100	EMERGENCY	14,524	209,384	0	191,295	14,688	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)	286,629	6,020,312	0	3,570,597	106,454	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	386	9,897	0	22,998	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	517	121,364	0	210,663	0	192.00
192.01	19201	GHP/WH	0	939	0	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	1,837	21,281	0	4,908	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	289,369	6,173,793	0	3,809,166	106,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet B Part II Date/Time Prepared: 2/21/2014 2:39 pm		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100					1.00
1.01	00101					1.01
2.00	00200					2.00
4.00	00400					4.00
5.00	00500					5.00
6.00	00600					6.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900	346,621				9.00
10.00	01000	9,901	498,702			10.00
11.00	01100	9,596	0	384,951		11.00
12.00	01200	0	0	0	0	12.00
13.00	01300	1,566	0	5,778	0	353,928
14.00	01400	9,928	0	9,148	0	0
15.00	01500	7,641	0	15,829	0	0
16.00	01600	5,065	0	7,603	0	0
17.00	01700	0	0	5,690	0	0
18.00	01850	0	0	0	0	0
19.00	01900	0	0	0	0	0
20.00	02000	0	0	0	0	0
21.00	02100	2,557	0	700	0	0
22.00	02200	0	0	0	0	0
23.00	02300	0	0	2,332	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	87,779	414,232	110,818	0	292,051
31.00	03100	19,783	40,639	23,479	0	61,877
32.00	03200	0	0	0	0	0
33.00	03300	0	0	0	0	0
34.00	03400	0	0	0	0	0
40.00	04000	0	0	0	0	0
41.00	04100	0	0	0	0	0
42.00	04200	0	0	0	0	0
43.00	04300	0	0	0	0	0
44.00	04400	0	0	0	0	0
45.00	04500	0	0	0	0	0
46.00	04600	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	34,639	10,772	36,235	0	0
51.00	05100	5,433	844	6,623	0	0
52.00	05200	0	0	0	0	0
53.00	05300	707	0	4,443	0	0
54.00	05400	22,345	0	15,176	0	0
55.00	05500	0	0	0	0	0
56.00	05600	6,555	0	4,583	0	0
56.01	05601	14,580	0	9,707	0	0
56.02	05602	1,752	0	2,530	0	0
56.03	05603	584	0	2,507	0	0
57.00	05700	0	0	3,842	0	0
58.00	05800	0	0	4,384	0	0
59.00	05900	6,380	804	4,658	0	0
60.00	06000	17,223	0	25,286	0	0
60.01	06001	0	0	0	0	0
61.00	06100	0	0	0	0	0
62.00	06200	0	0	0	0	0
63.00	06300	0	0	0	0	0
64.00	06400	335	0	2,629	0	0
65.00	06500	2,553	12	10,669	0	0
66.00	06600	151	0	8,034	0	0
67.00	06700	807	0	2,041	0	0
68.00	06800	0	0	577	0	0
69.00	06900	12,114	1,172	6,122	0	0
70.00	07000	0	0	0	0	0
71.00	07100	0	0	0	0	0
72.00	07200	0	0	0	0	0
73.00	07300	0	0	0	0	0
74.00	07400	0	0	0	0	0
75.00	07500	0	0	0	0	0
75.04	07504	535	0	1,277	0	0
75.05	07505	859	16	0	0	0
75.06	07506	20,716	9,496	18,622	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	0	0	0	0	0
89.00	08900	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

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Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
		9.00	10.00	11.00	12.00	13.00	
90.00	09000 CLINIC	4,447	20,715	9,824	0	0	90.00
91.00	09100 EMERGENCY	17,840	0	20,808	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	324,371	498,702	381,954	0	353,928	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,145	0	886	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	19,647	0	1,528	0	0	192.00
192.01	19201 GHP/WH	0	0	0	0	0	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	458	0	583	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	346,621	498,702	384,951	0	353,928	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
		14.00	15.00	16.00	17.00	18.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS - OOH					1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	568,562				14.00
15.00	01500	PHARMACY	5,904	659,683			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	247,252		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	74,044	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	88,788	83	25,762	62,733	0 30.00
31.00	03100	INTENSIVE CARE UNIT	28,131	36	5,333	10,589	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	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	206,155	837	29,090	0	0 50.00
51.00	05100	RECOVERY ROOM	5,176	5	5,843	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00	05300	ANESTHESIOLOGY	55,521	20,905	4,456	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,925	631	11,763	0	0 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00	05600	RADIOISOTOPE	2,793	731	7,729	0	0 56.00
56.01	05601	PURCHASED SCAN	0	0	7,400	0	0 56.01
56.02	05602	ULTRASOUND	0	0	2,342	0	0 56.02
56.03	05603	BREAST IMAGING	0	0	2,069	0	0 56.03
57.00	05700	CT SCAN	21,824	3,730	14,692	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	8,083	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	11,641	675	9,764	0	0 59.00
60.00	06000	LABORATORY	20,242	32	16,369	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	660	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	19,288	15	4,641	0	0 65.00
66.00	06600	PHYSICAL THERAPY	1,077	0	1,884	0	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	937	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	13,858	137	323	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	3,437	0	9,166	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,588	0	10,094	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	21,430	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	631,478	17,171	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
75.04	07504	SPECIAL DIAGNOSTICS	0	0	1,040	0	0 75.04
75.05	07505	INPATIENT RENAL DIALYSIS	1,133	0	353	0	0 75.05
75.06	07506	OP SURGERY	0	0	8,252	271	0 75.06

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	
	14.00	15.00	16.00	17.00	18.00	
<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	1,112	0	0	90.00
91.00 09100 EMERGENCY	58,321	69	19,494	451	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)	567,802	659,364	247,252	74,044	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	729	36	0	0	0	192.00
192.01 19201 GHP/WH	31	283	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	568,562	659,683	247,252	74,044	0	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	
	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	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	NEW CAP REL COSTS - OOH					1.01
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD			162,378		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)					18,771
<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
56.01 05601	PURCHASED SCAN					56.01
56.02 05602	ULTRASOUND					56.02
56.03 05603	BREAST IMAGING					56.03
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
75.04 07504	SPECIAL DIAGNOSTICS					75.04
75.05 07505	INPATIENT RENAL DIALYSIS					75.05
75.06 07506	OP SURGERY					75.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	
			SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
			19.00	20.00		
<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						90.00
91.00 09100 EMERGENCY						91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS						94.00
95.00 09500 AMBULANCE SERVICES						95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED						96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD						97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS						98.00
99.00 09900 CMHC						99.00
99.10 09910 CORF						99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM						100.00
101.00 10100 HOME HEALTH AGENCY						101.00
<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
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						190.00
191.00 19100 RESEARCH						191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES						192.00
192.01 19201 GHP/WH						192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT						192.02
193.00 19300 NONPAID WORKERS						193.00
200.00 Cross Foot Adjustments	0	0	162,378	0	18,771	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	0	162,378	0	18,771	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			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	NEW CAP REL COSTS - OOH				1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
12.00	01200	MAINTENANCE OF PERSONNEL				12.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	5,752,493	0	5,752,493	30.00
31.00	03100	INTENSIVE CARE UNIT	1,213,588	0	1,213,588	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	0	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	2,952,525	0	2,952,525	50.00
51.00	05100	RECOVERY ROOM	289,810	0	289,810	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	341,090	0	341,090	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,932,620	0	1,932,620	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	384,813	0	384,813	56.00
56.01	05601	PURCHASED SCAN	842,763	0	842,763	56.01
56.02	05602	ULTRASOUND	204,854	0	204,854	56.02
56.03	05603	BREAST IMAGING	218,563	0	218,563	56.03
57.00	05700	CT SCAN	113,125	0	113,125	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	78,347	0	78,347	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,454,832	0	1,454,832	59.00
60.00	06000	LABORATORY	1,082,913	0	1,082,913	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	50,251	0	50,251	64.00
65.00	06500	RESPIRATORY THERAPY	296,974	0	296,974	65.00
66.00	06600	PHYSICAL THERAPY	83,033	0	83,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	53,863	0	53,863	67.00
68.00	06800	SPEECH PATHOLOGY	20,640	0	20,640	68.00
69.00	06900	ELECTROCARDIOLOGY	827,154	0	827,154	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	22,544	0	22,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	546,686	0	546,686	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	833,500	0	833,500	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.04	07504	SPECIAL DIAGNOSTICS	43,465	0	43,465	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	46,201	0	46,201	75.05
75.06	07506	OP SURGERY	1,293,883	0	1,293,883	75.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
<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	269,178	0	269,178	90.00
91.00	09100 EMERGENCY	1,210,882	0	1,210,882	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		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	09950 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	SUBTOTALS (SUM OF LINES 1-117)	22,460,590	0	22,460,590	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	87,743	0	87,743	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	869,640	0	869,640	192.00
192.01	19201 GHP/WH	1,253	0	1,253	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	40,043	0	40,043	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	181,149	0	181,149	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	23,640,418	0	23,640,418	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
		BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS - 00H (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
		1.00	1.01	2.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	422,721				1.00
1.01	00101	NEW CAP REL COSTS - 00H	0	0			1.01
2.00	00200	CAP REL COSTS-MVBLE EQUIP			5,053,189		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,881	0	0	52,133,650	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	139,057	0	263,357	3,674,299	-14,280,436
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	74,213	0	138,256	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,261	0	0	0	0
9.00	00900	HOUSEKEEPING	3,656	0	6,104	0	0
10.00	01000	DIETARY	5,646	0	32,887	0	0
11.00	01100	CAFETERIA	5,472	0	8,798	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	893	0	194,162	801,063	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,661	0	101,083	610,524	0
15.00	01500	PHARMACY	4,357	0	361	2,308,542	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,888	0	280	628,914	0
17.00	01700	SOCIAL SERVICE	0	0	0	771,637	0
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	1,458	0	0	167,572	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	245,008	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	50,054	0	407,442	14,156,933	0
31.00	03100	INTENSIVE CARE UNIT	11,281	0	76,265	2,982,893	0
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	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	19,752	0	676,925	5,306,097	0
51.00	05100	RECOVERY ROOM	3,098	0	1,625	999,354	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	403	0	88,526	1,447,705	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,742	0	754,485	1,747,787	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	3,738	0	44,858	556,633	0
56.01	05601	PURCHASED SCAN	8,314	0	188,223	883,262	0
56.02	05602	ULTRASOUND	999	0	84,118	444,515	0
56.03	05603	BREAST IMAGING	333	0	134,105	313,994	0
57.00	05700	CT SCAN	0	0	0	512,418	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	612,190	0
59.00	05900	CARDIAC CATHETERIZATION	3,638	0	899,428	632,643	0
60.00	06000	LABORATORY	9,821	0	124,264	2,271,374	0
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	191	0	0	394,296	0
65.00	06500	RESPIRATORY THERAPY	1,456	0	65,150	1,202,932	0
66.00	06600	PHYSICAL THERAPY	86	0	3,630	868,025	0
67.00	06700	OCCUPATIONAL THERAPY	460	0	1,186	293,980	0
68.00	06800	SPEECH PATHOLOGY	0	0	297	81,085	0
69.00	06900	ELECTROCARDIOLOGY	6,908	0	250,458	754,991	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
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
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.04	07504	SPECIAL DIAGNOSTICS	305	0	7,429	156,942	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	
	BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS - 00H (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
75.05 07505 INPATIENT RENAL DIALYSIS	490	0	0	0	0	75.05
75.06 07506 OP SURGERY	11,813	0	256,970	2,277,088	0	75.06
<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	2,536	0	1,016	918,954	0	90.00
91.00 09100 EMERGENCY	10,173	0	203,554	2,616,440	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)	410,034	0	5,015,242	51,640,090	-14,280,436	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,223	0	0	69,501	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	11,203	0	37,947	93,084	0	192.00
192.01 19201 GHP/WH	0	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	261	0	0	330,975	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	17,776,810	0	5,863,608	591,593		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	42.053293	0.000000	1.160378	0.011348		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				289,369		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.005551		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS - OOH					1.01	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	131,578,800				5.00	
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00	
7.00	00700	OPERATION OF PLANT	11,249,472	0	202,570		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	633,246	0	1,261	15,438	8.00	
9.00	00900	HOUSEKEEPING	2,468,454	0	3,656	177	197,653	9.00
10.00	01000	DIETARY	2,281,269	0	5,646	0	5,646	10.00
11.00	01100	CAFETERIA	684,836	0	5,472	0	5,472	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,331,819	0	893	0	893	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,718,214	0	5,661	532	5,661	14.00
15.00	01500	PHARMACY	7,500,236	0	4,357	0	4,357	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,172,414	0	2,888	0	2,888	16.00
17.00	01700	SOCIAL SERVICE	1,365,500	0	0	0	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	1,480,363	0	1,458	0	1,458	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)	321,379	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	22,210,851	0	50,054	4,437	50,054	30.00
31.00	03100	INTENSIVE CARE UNIT	4,764,825	0	11,281	1,242	11,281	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	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	12,932,062	0	19,752	1,597	19,752	50.00
51.00	05100	RECOVERY ROOM	1,464,080	0	3,098	177	3,098	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	2,552,645	0	403	0	403	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,234,694	0	12,742	355	12,742	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,648,450	0	3,738	355	3,738	56.00
56.01	05601	PURCHASED SCAN	1,665,061	0	8,314	532	8,314	56.01
56.02	05602	ULTRASOUND	743,990	0	999	355	999	56.02
56.03	05603	BREAST IMAGING	710,426	0	333	355	333	56.03
57.00	05700	CT SCAN	1,410,724	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,331,645	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,194,199	0	3,638	355	3,638	59.00
60.00	06000	LABORATORY	5,312,745	0	9,821	0	9,821	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	699,355	0	191	0	191	64.00
65.00	06500	RESPIRATORY THERAPY	1,894,899	0	1,456	0	1,456	65.00
66.00	06600	PHYSICAL THERAPY	1,149,903	0	86	532	86	66.00
67.00	06700	OCCUPATIONAL THERAPY	406,526	0	460	0	460	67.00
68.00	06800	SPEECH PATHOLOGY	105,493	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,598,997	0	6,908	710	6,908	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	188,868	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	11,194,469	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,939,628	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
75.04	07504	SPECIAL DIAGNOSTICS	267,702	0	305	0	305	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	298,801	0	490	0	490	75.05
75.06	07506	OP SURGERY	4,172,585	0	11,813	1,597	11,813	75.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.00	6.00	7.00	8.00	9.00	
<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	1,544,434	0	2,536	0	2,536	90.00
91.00	09100 EMERGENCY	4,462,479	0	10,173	2,130	10,173	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	11800 SUBTOTALS (SUM OF LINES 1-117)	128,307,738	0	189,883	15,438	184,966	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	210,923	0	1,223	0	1,223	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,586,556	0	11,203	0	11,203	192.00
192.01	19201 GHP/WH	20,023	0	0	0	0	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	453,560	0	261	0	261	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	14,280,436	0	12,470,388	779,601	2,970,363	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.108531	0.000000	61.560883	50.498834	15.028171	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	6,173,793	0	3,809,166	106,454	346,621	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.046921	0.000000	18.804196	6.895582	1.753684	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	124,680					10.00
11.00	01100	0	66,026				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	991	0	23,034		13.00
14.00	01400	0	1,569	0	0	3,050,806	14.00
15.00	01500	0	2,715	0	0	31,678	15.00
16.00	01600	0	1,304	0	0	0	16.00
17.00	01700	0	976	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	120	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	400	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	103,562	19,007	0	19,007	476,418	30.00
31.00	03100	10,160	4,027	0	4,027	150,948	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	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,693	6,215	0	0	1,106,187	50.00
51.00	05100	211	1,136	0	0	27,776	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	762	0	0	297,916	53.00
54.00	05400	0	2,603	0	0	112,279	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	786	0	0	14,985	56.00
56.01	05601	0	1,665	0	0	0	56.01
56.02	05602	0	434	0	0	0	56.02
56.03	05603	0	430	0	0	0	56.03
57.00	05700	0	659	0	0	117,106	57.00
58.00	05800	0	752	0	0	0	58.00
59.00	05900	201	799	0	0	62,466	59.00
60.00	06000	0	4,337	0	0	108,614	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	451	0	0	0	64.00
65.00	06500	3	1,830	0	0	103,498	65.00
66.00	06600	0	1,378	0	0	5,777	66.00
67.00	06700	0	350	0	0	0	67.00
68.00	06800	0	99	0	0	74,359	68.00
69.00	06900	293	1,050	0	0	18,444	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	19,254	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
75.04	07504	0	219	0	0	0	75.04
75.05	07505	4	0	0	0	6,079	75.05
75.06	07506	2,374	3,194	0	0	0	75.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
<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	5,179	1,685	0	0	0	90.00
91.00	09100 EMERGENCY	0	3,569	0	0	312,942	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	09800 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)	124,680	65,512	0	23,034	3,046,726	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	152	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	262	0	0	3,912	192.00
192.01	19201 GHP/WH	0	0	0	0	168	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	100	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,961,279	1,178,257	0	1,562,442	2,393,127	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	23.751035	17.845349	0.000000	67.831987	0.784425	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	498,702	384,951	0	353,928	568,562	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.999856	5.830294	0.000000	15.365460	0.186365	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
					(SPECIFY) (TIME SPENT)		
		15.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600	8,476,323	548,753,731				16.00
17.00	01700	0	0	9,020			17.00
18.00	01850	0	0	0	0		18.00
19.00	01900	0	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	1,062	57,121,244	7,642	0		30.00
31.00	03100	463	11,825,239	1,290	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	0	0	0	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	10,754	65,024,846	0	0	0	50.00
51.00	05100	68	12,955,948	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	268,615	9,879,755	0	0	0	53.00
54.00	05400	8,112	26,082,374	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	9,393	17,138,286	0	0	0	56.00
56.01	05601	0	16,408,450	0	0	0	56.01
56.02	05602	0	5,191,991	0	0	0	56.02
56.03	05603	0	4,586,563	0	0	0	56.03
57.00	05700	47,921	32,575,556	0	0	0	57.00
58.00	05800	0	17,922,009	0	0	0	58.00
59.00	05900	8,677	21,648,823	0	0	0	59.00
60.00	06000	405	36,295,449	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	1,464,235	0	0	0	64.00
65.00	06500	190	10,290,039	0	0	0	65.00
66.00	06600	0	4,177,537	0	0	0	66.00
67.00	06700	0	2,078,591	0	0	0	67.00
68.00	06800	1,763	716,840	0	0	0	68.00
69.00	06900	0	20,324,560	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	22,381,232	0	0	0	71.00
72.00	07200	0	47,517,242	0	0	0	72.00
73.00	07300	8,113,924	38,072,556	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
75.04	07504	0	2,306,922	0	0	0	75.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
	15.00	16.00	17.00	18.00	19.00	
75.05 07505 INPATIENT RENAL DIALYSIS	0	782,144	0	0	0	75.05
75.06 07506 OP SURGERY	0	18,297,017	33	0	0	75.06
<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	2,464,973	0	0	0	90.00
91.00 09100 EMERGENCY	885	43,223,310	55	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)	8,472,232	548,753,731	9,020	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	458	0	0	0	0	192.00
192.01 19201 GHP/WH	3,633	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,721,242	1,544,116	1,531,116	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.028894	0.002814	169.746785	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	659,683	247,252	74,044	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.077827	0.000451	8.208869	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS - OOH						1.01
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD		1,514				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD				0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)					100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	714		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	368		0	0	50.00
51.00 05100 RECOVERY ROOM	0	0		0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	432		0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		0	0	55.00
56.00 05600 RADIOISOTOPE	0	0		0	0	56.00
56.01 05601 PURCHASED SCAN	0	0		0	0	56.01
56.02 05602 ULTRASOUND	0	0		0	0	56.02
56.03 05603 BREAST IMAGING	0	0		0	0	56.03
57.00 05700 CT SCAN	0	0		0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		0	0	59.00
60.00 06000 LABORATORY	0	0		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	0	0		0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0		0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0		0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0		0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		0	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	100	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
75.04 07504 SPECIAL DIAGNOSTICS	0	0		0	0	75.04
75.05 07505 INPATIENT RENAL DIALYSIS	0	0		0	0	75.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet B-1

Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		20.00	21.00			
75.06 07506 OP SURGERY	0	0	0	0		75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00 09000 CLINIC	0	0	0	0		90.00
91.00 09100 EMERGENCY	0	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0		113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0		114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,514	0	100		118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
192.01 19201 GHP/WH	0	0	0	0		192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0		192.02
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	0	1,754,836	0	363,397		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	1,159.072655	0.000000	3,633.970000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	162,378	0	18,771		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	107.250991	0.000000	187.710000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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		34,600,054	25,454	34,625,508	30.00
31.00	03100 INTENSIVE CARE UNIT		7,166,142	0	7,166,142	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	0	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		17,165,583	84,720	17,250,303	50.00
51.00	05100 RECOVERY ROOM		1,952,788	0	1,952,788	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		3,412,020	0	3,412,020	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,904,382	0	5,904,382	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		2,215,247	0	2,215,247	56.00
56.01	05601 PURCHASED SCAN		2,585,284	45,247	2,630,531	56.01
56.02	05602 ULTRASOUND		941,530	0	941,530	56.02
56.03	05603 BREAST IMAGING		851,541	0	851,541	56.03
57.00	05700 CT SCAN		1,808,426	0	1,808,426	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		1,540,023	0	1,540,023	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,975,306	0	3,975,306	59.00
60.00	06000 LABORATORY		6,906,671	0	6,906,671	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		802,053	0	802,053	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,355,133	0	2,355,133	65.00
66.00	06600 PHYSICAL THERAPY	0	1,349,033	0	1,349,033	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	497,973	0	497,973	67.00
68.00	06800 SPEECH PATHOLOGY	0	180,869	0	180,869	68.00
69.00	06900 ELECTROCARDIOLOGY		2,434,828	0	2,434,828	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		287,450	0	287,450	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		12,543,130	0	12,543,130	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		13,186,105	0	13,186,105	73.00
74.00	07400 RENAL DIALYSIS		0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.04	07504 SPECIAL DIAGNOSTICS		330,516	0	330,516	75.04
75.05	07505 INPATIENT RENAL DIALYSIS		375,824	0	375,824	75.05
75.06	07506 OP SURGERY		5,781,307	0	5,781,307	75.06
<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		2,066,294	0	2,066,294	90.00
91.00	09100 EMERGENCY		6,274,547	0	6,274,547	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		5,182,451	0	5,182,451	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	09900 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	144,672,510	0	144,672,510	155,421	144,827,931	200.00
201.00		Less Observation Beds	5,182,451		5,182,451		5,182,451	201.00
202.00		Total (see instructions)	139,490,059	0	139,490,059	155,421	139,645,480	202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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	50,212,430		50,212,430		30.00
31.00	03100	INTENSIVE CARE UNIT	11,825,239		11,825,239		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	0		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	26,959,245	38,065,601	65,024,846	0.263985	50.00
51.00	05100	RECOVERY ROOM	5,265,071	7,690,877	12,955,948	0.150725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,105,604	5,774,151	9,879,755	0.345355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,033,263	17,049,111	26,082,374	0.226374	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,858,492	14,279,794	17,138,286	0.129257	56.00
56.01	05601	PURCHASED SCAN	3,777,258	12,631,192	16,408,450	0.157558	56.01
56.02	05602	ULTRASOUND	687,491	4,504,500	5,191,991	0.181343	56.02
56.03	05603	BREAST IMAGING	2,856	4,583,707	4,586,563	0.185660	56.03
57.00	05700	CT SCAN	8,753,203	23,822,353	32,575,556	0.055515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,871,436	15,050,573	17,922,009	0.085929	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,082,406	9,566,417	21,648,823	0.183627	59.00
60.00	06000	LABORATORY	24,280,396	12,015,053	36,295,449	0.190290	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,449,029	15,206	1,464,235	0.547762	64.00
65.00	06500	RESPIRATORY THERAPY	7,229,617	3,060,422	10,290,039	0.228875	65.00
66.00	06600	PHYSICAL THERAPY	3,886,158	291,379	4,177,537	0.322925	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,933,107	145,484	2,078,591	0.239572	67.00
68.00	06800	SPEECH PATHOLOGY	629,879	86,961	716,840	0.252314	68.00
69.00	06900	ELECTROCARDIOLOGY	8,846,428	11,478,132	20,324,560	0.119797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,607,603	9,773,629	22,381,232	0.012843	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,831,106	11,686,136	47,517,242	0.263970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,692,371	17,380,185	38,072,556	0.346341	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.04	07504	SPECIAL DIAGNOSTICS	900,467	1,406,455	2,306,922	0.143271	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	730,019	52,125	782,144	0.480505	75.05
75.06	07506	OP SURGERY	1,505,553	16,791,464	18,297,017	0.315970	75.06
<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	6,876	2,458,097	2,464,973	0.838262	90.00
91.00	09100	EMERGENCY	15,474,658	27,748,652	43,223,310	0.145166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,816,200	5,092,614	6,908,814	0.750122	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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			
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	276,253,461	272,500,270	548,753,731			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	276,253,461	272,500,270	548,753,731			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	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	0.265288			50.00
51.00	05100 RECOVERY ROOM	0.150725			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.345355			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.226374			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.129257			56.00
56.01	05601 PURCHASED SCAN	0.160316			56.01
56.02	05602 ULTRASOUND	0.181343			56.02
56.03	05603 BREAST IMAGING	0.185660			56.03
57.00	05700 CT SCAN	0.055515			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.085929			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.183627			59.00
60.00	06000 LABORATORY	0.190290			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	0.547762			64.00
65.00	06500 RESPIRATORY THERAPY	0.228875			65.00
66.00	06600 PHYSICAL THERAPY	0.322925			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.239572			67.00
68.00	06800 SPEECH PATHOLOGY	0.252314			68.00
69.00	06900 ELECTROCARDIOLOGY	0.119797			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.012843			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.263970			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.346341			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.04	07504 SPECIAL DIAGNOSTICS	0.143271			75.04
75.05	07505 INPATIENT RENAL DIALYSIS	0.480505			75.05
75.06	07506 OP SURGERY	0.315970			75.06
<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	0.838262			90.00
91.00	09100 EMERGENCY	0.145166			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.750122			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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
115.00	11500				115.00
116.00	11600				116.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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	34,600,054		34,600,054	25,454	34,625,508	30.00
31.00	03100	INTENSIVE CARE UNIT	7,166,142		7,166,142	0	7,166,142	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	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	17,165,583		17,165,583	84,720	17,250,303	50.00
51.00	05100	RECOVERY ROOM	1,952,788		1,952,788	0	1,952,788	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,412,020		3,412,020	0	3,412,020	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,904,382		5,904,382	0	5,904,382	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,215,247		2,215,247	0	2,215,247	56.00
56.01	05601	PURCHASED SCAN	2,585,284		2,585,284	45,247	2,630,531	56.01
56.02	05602	ULTRASOUND	941,530		941,530	0	941,530	56.02
56.03	05603	BREAST IMAGING	851,541		851,541	0	851,541	56.03
57.00	05700	CT SCAN	1,808,426		1,808,426	0	1,808,426	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,540,023		1,540,023	0	1,540,023	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,975,306		3,975,306	0	3,975,306	59.00
60.00	06000	LABORATORY	6,906,671		6,906,671	0	6,906,671	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	802,053		802,053	0	802,053	64.00
65.00	06500	RESPIRATORY THERAPY	2,355,133	0	2,355,133	0	2,355,133	65.00
66.00	06600	PHYSICAL THERAPY	1,349,033	0	1,349,033	0	1,349,033	66.00
67.00	06700	OCCUPATIONAL THERAPY	497,973	0	497,973	0	497,973	67.00
68.00	06800	SPEECH PATHOLOGY	180,869	0	180,869	0	180,869	68.00
69.00	06900	ELECTROCARDIOLOGY	2,434,828		2,434,828	0	2,434,828	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	287,450		287,450	0	287,450	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,543,130		12,543,130	0	12,543,130	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,186,105		13,186,105	0	13,186,105	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
75.04	07504	SPECIAL DIAGNOSTICS	330,516		330,516	0	330,516	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	375,824		375,824	0	375,824	75.05
75.06	07506	OP SURGERY	5,781,307		5,781,307	0	5,781,307	75.06
<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	2,066,294		2,066,294	0	2,066,294	90.00
91.00	09100	EMERGENCY	6,274,547		6,274,547	0	6,274,547	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,182,451		5,182,451	0	5,182,451	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	144,672,510	0	144,672,510	155,421	144,827,931	200.00
201.00		Less Observation Beds	5,182,451		5,182,451		5,182,451	201.00
202.00		Total (see instructions)	139,490,059	0	139,490,059	155,421	139,645,480	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	50,212,430		50,212,430		30.00
31.00	03100	INTENSIVE CARE UNIT	11,825,239		11,825,239		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	0		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	26,959,245	38,065,601	65,024,846	0.263985	50.00
51.00	05100	RECOVERY ROOM	5,265,071	7,690,877	12,955,948	0.150725	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,105,604	5,774,151	9,879,755	0.345355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,033,263	17,049,111	26,082,374	0.226374	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	2,858,492	14,279,794	17,138,286	0.129257	56.00
56.01	05601	PURCHASED SCAN	3,777,258	12,631,192	16,408,450	0.157558	56.01
56.02	05602	ULTRASOUND	687,491	4,504,500	5,191,991	0.181343	56.02
56.03	05603	BREAST IMAGING	2,856	4,583,707	4,586,563	0.185660	56.03
57.00	05700	CT SCAN	8,753,203	23,822,353	32,575,556	0.055515	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,871,436	15,050,573	17,922,009	0.085929	58.00
59.00	05900	CARDIAC CATHETERIZATION	12,082,406	9,566,417	21,648,823	0.183627	59.00
60.00	06000	LABORATORY	24,280,396	12,015,053	36,295,449	0.190290	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,449,029	15,206	1,464,235	0.547762	64.00
65.00	06500	RESPIRATORY THERAPY	7,229,617	3,060,422	10,290,039	0.228875	65.00
66.00	06600	PHYSICAL THERAPY	3,886,158	291,379	4,177,537	0.322925	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,933,107	145,484	2,078,591	0.239572	67.00
68.00	06800	SPEECH PATHOLOGY	629,879	86,961	716,840	0.252314	68.00
69.00	06900	ELECTROCARDIOLOGY	8,846,428	11,478,132	20,324,560	0.119797	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,607,603	9,773,629	22,381,232	0.012843	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	35,831,106	11,686,136	47,517,242	0.263970	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,692,371	17,380,185	38,072,556	0.346341	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.04	07504	SPECIAL DIAGNOSTICS	900,467	1,406,455	2,306,922	0.143271	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	730,019	52,125	782,144	0.480505	75.05
75.06	07506	OP SURGERY	1,505,553	16,791,464	18,297,017	0.315970	75.06
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	6,876	2,458,097	2,464,973	0.838262	90.00
91.00	09100	EMERGENCY	15,474,658	27,748,652	43,223,310	0.145166	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,816,200	5,092,614	6,908,814	0.750122	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
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2/21/2014 2:39 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			
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	276,253,461	272,500,270	548,753,731			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	276,253,461	272,500,270	548,753,731			202.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet C  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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
56.01	05601 PURCHASED SCAN	0.000000			56.01
56.02	05602 ULTRASOUND	0.000000			56.02
56.03	05603 BREAST IMAGING	0.000000			56.03
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
75.04	07504 SPECIAL DIAGNOSTICS	0.000000			75.04
75.05	07505 INPATIENT RENAL DIALYSIS	0.000000			75.05
75.06	07506 OP SURGERY	0.000000			75.06
<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

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/21/2014 2:39 pm
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
115.00	11500	11.00		115.00
116.00	11600			116.00
200.00				200.00
201.00				201.00
202.00				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet D  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	5,752,493	0	5,752,493	30,019	191.63	30.00
31.00	INTENSIVE CARE UNIT	1,213,588		1,213,588	3,480	348.73	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	0		0	0	0.00	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)	6,966,081		6,966,081	33,499		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	15,817	3,031,012				
31.00	INTENSIVE CARE UNIT	1,910	666,074				
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)	17,727	3,697,086				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/21/2014 2:39 pm		
Title XVIII			Hospital		PPS		
Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	2,952,525	65,024,846	0.045406	14,033,788	637,218	50.00
51.00	05100 RECOVERY ROOM	289,810	12,955,948	0.022369	2,600,235	58,165	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	341,090	9,879,755	0.034524	1,961,890	67,732	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,932,620	26,082,374	0.074097	5,642,834	418,117	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	384,813	17,138,286	0.022453	1,578,893	35,451	56.00
56.01	05601 PURCHASED SCAN	842,763	16,408,450	0.051362	0	0	56.01
56.02	05602 ULTRASOUND	204,854	5,191,991	0.039456	384,162	15,157	56.02
56.03	05603 BREAST IMAGING	218,563	4,586,563	0.047653	0	0	56.03
57.00	05700 CT SCAN	113,125	32,575,556	0.003473	6,540,684	22,716	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	78,347	17,922,009	0.004372	2,095,810	9,163	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,454,832	21,648,823	0.067201	6,634,627	445,854	59.00
60.00	06000 LABORATORY	1,082,913	36,295,449	0.029836	18,989,823	566,580	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	50,251	1,464,235	0.034319	1,012,935	34,763	64.00
65.00	06500 RESPIRATORY THERAPY	296,974	10,290,039	0.028860	4,595,208	132,618	65.00
66.00	06600 PHYSICAL THERAPY	83,033	4,177,537	0.019876	2,375,466	47,215	66.00
67.00	06700 OCCUPATIONAL THERAPY	53,863	2,078,591	0.025913	1,199,218	31,075	67.00
68.00	06800 SPEECH PATHOLOGY	20,640	716,840	0.028793	467,427	13,459	68.00
69.00	06900 ELECTROCARDIOLOGY	827,154	20,324,560	0.040697	5,729,795	233,185	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	22,544	22,381,232	0.001007	6,865,586	6,914	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	546,686	47,517,242	0.011505	18,156,923	208,895	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	833,500	38,072,556	0.021892	13,139,035	287,640	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.04	07504 SPECIAL DIAGNOSTICS	43,465	2,306,922	0.018841	183,045	3,449	75.04
75.05	07505 INPATIENT RENAL DIALYSIS	46,201	782,144	0.059070	425,793	25,152	75.05
75.06	07506 OP SURGERY	1,293,883	18,297,017	0.070716	919,800	65,045	75.06
<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	269,178	2,464,973	0.109201	6,325	691	90.00
91.00	09100 EMERGENCY	1,210,882	43,223,310	0.028015	9,309,235	260,798	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	860,986	6,908,814	0.124621	1,470,496	183,255	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)	16,355,495	486,716,062		126,319,033	3,810,307	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140051		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part III Date/Time Prepared: 2/21/2014 2:39 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00	
32.00	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	0	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00	
200.00		Total (lines 30-199)	0	0	0	0	0 200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,019	0.00	15,817	0	0 30.00	
31.00	03100	INTENSIVE CARE UNIT	3,480	0.00	1,910	0	0 31.00	
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0 32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0 33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0 34.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0 40.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0 41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0 42.00	
43.00	04300	NURSERY	0	0.00	0	0	0 43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0 44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0 45.00	
200.00		Total (lines 30-199)	33,499		17,727	0	0 200.00	
Cost Center Description			PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost				
			12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00	
31.00	03100	INTENSIVE CARE UNIT	0	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 - 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	0	0			43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00	
45.00	04500	NURSING FACILITY	0	0			45.00	
200.00		Total (lines 30-199)	0	0			200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 2:39 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.01	05601	PURCHASED SCAN	0	0	0	0	56.01	
56.02	05602	ULTRASOUND	0	0	0	0	56.02	
56.03	05603	BREAST IMAGING	0	0	0	0	56.03	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	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	363,397	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	
75.04	07504	SPECIAL DIAGNOSTICS	0	0	0	0	75.04	
75.05	07505	INPATIENT RENAL DIALYSIS	0	0	0	0	75.05	
75.06	07506	OP SURGERY	0	0	0	0	75.06	
<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	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	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	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
200.00		Total (Lines 50-199)	0	0	363,397	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 2:39 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	65,024,846	0.000000	0.000000	14,033,788	50.00
51.00	05100	RECOVERY ROOM	0	12,955,948	0.000000	0.000000	2,600,235	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	9,879,755	0.000000	0.000000	1,961,890	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	26,082,374	0.000000	0.000000	5,642,834	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	17,138,286	0.000000	0.000000	1,578,893	56.00
56.01	05601	PURCHASED SCAN	0	16,408,450	0.000000	0.000000	0	56.01
56.02	05602	ULTRASOUND	0	5,191,991	0.000000	0.000000	384,162	56.02
56.03	05603	BREAST IMAGING	0	4,586,563	0.000000	0.000000	0	56.03
57.00	05700	CT SCAN	0	32,575,556	0.000000	0.000000	6,540,684	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	17,922,009	0.000000	0.000000	2,095,810	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	21,648,823	0.000000	0.000000	6,634,627	59.00
60.00	06000	LABORATORY	0	36,295,449	0.000000	0.000000	18,989,823	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	1,464,235	0.000000	0.000000	1,012,935	64.00
65.00	06500	RESPIRATORY THERAPY	0	10,290,039	0.000000	0.000000	4,595,208	65.00
66.00	06600	PHYSICAL THERAPY	0	4,177,537	0.000000	0.000000	2,375,466	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,078,591	0.000000	0.000000	1,199,218	67.00
68.00	06800	SPEECH PATHOLOGY	0	716,840	0.000000	0.000000	467,427	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,324,560	0.000000	0.000000	5,729,795	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	22,381,232	0.000000	0.000000	6,865,586	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	47,517,242	0.000000	0.000000	18,156,923	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	363,397	38,072,556	0.009545	0.009545	13,139,035	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.04	07504	SPECIAL DIAGNOSTICS	0	2,306,922	0.000000	0.000000	183,045	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	0	782,144	0.000000	0.000000	425,793	75.05
75.06	07506	OP SURGERY	0	18,297,017	0.000000	0.000000	919,800	75.06
<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	2,464,973	0.000000	0.000000	6,325	90.00
91.00	09100	EMERGENCY	0	43,223,310	0.000000	0.000000	9,309,235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,908,814	0.000000	0.000000	1,470,496	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)	363,397	486,716,062			126,319,033	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 2:39 pm
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Cost Center Description	Title XVIII					Hospital	PPS
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1		
	11.00	12.00	12.01	13.00	13.01		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	12,405,885	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	1,736,105	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	1,683,779	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	6,971,229	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	7,654,410	0	0	0	0	56.00
56.01 05601 PURCHASED SCAN	0	0	0	0	0	0	56.01
56.02 05602 ULTRASOUND	0	1,328,493	0	0	0	0	56.02
56.03 05603 BREAST IMAGING	0	354,700	0	0	0	0	56.03
57.00 05700 CT SCAN	0	15,566,270	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,677,362	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	6,831,847	0	0	0	0	59.00
60.00 06000 LABORATORY	0	2,342,252	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	4,400	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	1,639,454	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	240	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	6,482,995	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	4,003,237	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,476,717	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	125,412	6,800,766	0	64,913	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
75.04 07504 SPECIAL DIAGNOSTICS	0	107,890	0	0	0	0	75.04
75.05 07505 INPATIENT RENAL DIALYSIS	0	41,437	0	0	0	0	75.05
75.06 07506 OP SURGERY	0	6,439,482	0	0	0	0	75.06
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	96,903	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	8,762,583	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,459,525	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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)	125,412	108,867,961	0	64,913	0	0	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/21/2014 2:39 pm
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Cost Center Description		Title XVIII				Hospital	PPS
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	PURCHASED SCAN	0	0	0	0	56.01
56.02	05602	ULTRASOUND	0	0	0	0	56.02
56.03	05603	BREAST IMAGING	0	0	0	0	56.03
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	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	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	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
75.04	07504	SPECIAL DIAGNOSTICS	0	0	0	0	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	0	0	0	0	75.05
75.06	07506	OP SURGERY	0	0	0	0	75.06
<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	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	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	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/21/2014 2:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.263985	12,405,885	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.150725	1,736,105	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.345355	1,683,779	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226374	6,971,229	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.129257	7,654,410	0	0	0	56.00
56.01	05601	PURCHASED SCAN	0.157558	0	0	0	0	56.01
56.02	05602	ULTRASOUND	0.181343	1,328,493	0	0	0	56.02
56.03	05603	BREAST IMAGING	0.185660	354,700	0	48	0	56.03
57.00	05700	CT SCAN	0.055515	15,566,270	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085929	7,677,362	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183627	6,831,847	0	0	0	59.00
60.00	06000	LABORATORY	0.190290	2,342,252	0	3,531	0	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	0.547762	4,400	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.228875	1,639,454	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.322925	240	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239572	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.252314	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.119797	6,482,995	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.012843	4,003,237	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.263970	6,476,717	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346341	6,800,766	0	156	46,029	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.04	07504	SPECIAL DIAGNOSTICS	0.143271	107,890	0	0	0	75.04
75.05	07505	INPATIENT RENAL DIALYSIS	0.480505	41,437	0	0	0	75.05
75.06	07506	OP SURGERY	0.315970	6,439,482	0	0	0	75.06
<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	0.838262	96,903	0	0	0	90.00
91.00	09100	EMERGENCY	0.145166	8,762,583	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.750122	3,459,525	0	0	0	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	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)		108,867,961	0	3,735	46,029	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		108,867,961	0	3,735	46,029	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/21/2014 2:39 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	5.01	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	3,274,968	0	0	0		50.00
51.00 05100 RECOVERY ROOM	261,674	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	581,501	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,578,105	0	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0		55.00
56.00 05600 RADIOISOTOPE	989,386	0	0	0		56.00
56.01 05601 PURCHASED SCAN	0	0	0	0		56.01
56.02 05602 ULTRASOUND	240,913	0	0	0		56.02
56.03 05603 BREAST IMAGING	65,854	0	9	0		56.03
57.00 05700 CT SCAN	864,161	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	659,708	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	1,254,512	0	0	0		59.00
60.00 06000 LABORATORY	445,707	0	672	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	2,410	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	375,230	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	78	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	776,643	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	51,414	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1,709,659	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,355,384	0	54	15,942		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
75.04 07504 SPECIAL DIAGNOSTICS	15,458	0	0	0		75.04
75.05 07505 INPATIENT RENAL DIALYSIS	19,911	0	0	0		75.05
75.06 07506 OP SURGERY	2,034,683	0	0	0		75.06
<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	81,230	0	0	0		90.00
91.00 09100 EMERGENCY	1,272,029	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,595,066	0	0	0		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 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
200.00 Subtotal (see instructions)	21,505,684	0	735	15,942		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00 Net Charges (line 200 +/- line 201)	21,505,684	0	735	15,942		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/21/2014 2:39 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)		30,019	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		30,019	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		25,526	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)		15,817	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)		34,625,508	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)		34,625,508	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)		34,625,508	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)		1,153.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,244,119	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)		18,244,119	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/21/2014 2:39 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)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
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	7,166,142	3,480	2,059.24	1,910	3,933,148	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)					27,596,824	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					49,774,091	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)					3,697,086	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,935,719	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,632,805	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					42,141,286	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					4,493	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,153.45	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					5,182,451	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/21/2014 2:39 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	5,752,493	34,625,508	0.166135	5,182,451	860,986	90.00
91.00	Nursing School cost	0	34,625,508	0.000000	5,182,451	0	91.00
92.00	Allied health cost	0	34,625,508	0.000000	5,182,451	0	92.00
93.00	All other Medical Education	0	34,625,508	0.000000	5,182,451	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/21/2014 2:39 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		29,773,612	30.00
31.00	03100	INTENSIVE CARE UNIT		6,547,325	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	0.265288	14,033,788	3,722,996 50.00
51.00	05100	RECOVERY ROOM	0.150725	2,600,235	391,920 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.345355	1,961,890	677,549 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.226374	5,642,834	1,277,391 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.129257	1,578,893	204,083 56.00
56.01	05601	PURCHASED SCAN	0.160316	0	0 56.01
56.02	05602	ULTRASOUND	0.181343	384,162	69,665 56.02
56.03	05603	BREAST IMAGING	0.185660	0	0 56.03
57.00	05700	CT SCAN	0.055515	6,540,684	363,106 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.085929	2,095,810	180,091 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.183627	6,634,627	1,218,297 59.00
60.00	06000	LABORATORY	0.190290	18,989,823	3,613,573 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.547762	1,012,935	554,847 64.00
65.00	06500	RESPIRATORY THERAPY	0.228875	4,595,208	1,051,728 65.00
66.00	06600	PHYSICAL THERAPY	0.322925	2,375,466	767,097 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.239572	1,199,218	287,299 67.00
68.00	06800	SPEECH PATHOLOGY	0.252314	467,427	117,938 68.00
69.00	06900	ELECTROCARDIOLOGY	0.119797	5,729,795	686,412 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.012843	6,865,586	88,175 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.263970	18,156,923	4,792,883 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.346341	13,139,035	4,550,587 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.04	07504	SPECIAL DIAGNOSTICS	0.143271	183,045	26,225 75.04
75.05	07505	INPATIENT RENAL DIALYSIS	0.480505	425,793	204,596 75.05
75.06	07506	OP SURGERY	0.315970	919,800	290,629 75.06
<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	0.838262	6,325	5,302 90.00
91.00	09100	EMERGENCY	0.145166	9,309,235	1,351,384 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.750122	1,470,496	1,103,051 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		126,319,033	27,596,824 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		126,319,033	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/21/2014 2:39 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>					
1.00	DRG Amounts Other than Outlier Payments		32,487,350		1.00
2.00	Outlier payments for discharges. (see instructions)		838,616		2.00
2.01	Outlier reconciliation amount		0		2.01
3.00	Managed Care Simulated Payments		1,338,711		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		143.69		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)		24.99		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.		-9.50		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)		15.49		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.28		10.00
11.00	FTE count for residents in dental and podiatric programs.		1.05		11.00
12.00	Current year allowable FTE (see instructions)		15.33		12.00
13.00	Total allowable FTE count for the prior year.		20.37		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.		24.75		14.00
15.00	Sum of lines 12 through 14 divided by 3.		20.15		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		20.15		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.140232		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.154260		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.140232		21.00
22.00	IME payment adjustment (see instructions)		2,492,710		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. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		2,492,710		29.00
<b>Disproportionate Share Adjustment</b>					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.57		30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.27		31.00
32.00	Sum of lines 30 and 31		24.84		32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.71		33.00
34.00	Disproportionate share adjustment (see instructions)		3,154,522		34.00
<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	0	41.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/21/2014 2:39 pm	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		38,973,198		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)		38,973,198		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,071,701		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).		903,701		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)		125,412		58.00
59.00	Total (sum of amounts on lines 49 through 58)		43,074,012		59.00
60.00	Primary payer payments		34,275		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		43,039,737		61.00
62.00	Deductibles billed to program beneficiaries		3,233,388		62.00
63.00	Coinurance billed to program beneficiaries		63,544		63.00
64.00	Allowable bad debts (see instructions)		590,351		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		383,728		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		509,637		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		40,126,533		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		102,024		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-162,597		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		40,065,960		71.00
71.01	Sequestration adjustment (see instructions)		400,660		71.01
72.00	Interim payments		40,057,472		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		-392,172		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/21/2014 2:39 pm	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140051		Period: From 10/01/2012 To 09/30/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 2/21/2014 2:39 pm	
		PPS					
		Original .mcrcx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF THE DSH PAYMENT PERCENTAGE</b>							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	9.57	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	15.27	0.00			15.27	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	24.84	0.00			15.27	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	143.69	0.00			143.69	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	9.71	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	9.57	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
<b>CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS</b>							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	3,590	0			3,590	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	759	0			759	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	79	0			79	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	4,428	0			4,428	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	29,006	0			29,006	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	29,006	0			29,006	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	15.27	0.00			15.27	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140051		Period: From 10/01/2012 To 09/30/2013		Worksheet DSH Date/Time Prepared: 2/21/2014 2:39 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
<b>CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE</b>							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	9.71		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		9.71		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		9.71		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
<b>DETERMINATION OF PROVIDER TYPE</b>							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet DSH Date/Time Prepared: 2/21/2014 2:39 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	2.68		29.00
30.00	Line 28 or 29 as applicable	2.68		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/21/2014 2:39 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)	16,677		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	21,440,771	0	2.00
3.00	PPS payments	18,587,700	0	3.00
4.00	Outlier payment (see instructions)	52,689	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.817	0.000	5.00
6.00	Line 2 times line 5	17,517,110	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	64,913		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	16,677		11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges	49,764		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)	49,764		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)	49,764		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	33,087		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)	16,677		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)	18,705,302		24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)	10		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,291,560		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)	14,430,409		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	391,026		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)	14,821,435		30.00
31.00	Primary payer payments	262		31.00
32.00	Subtotal (line 30 minus line 31)	14,821,173		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)	1,001,701		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	651,106		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	945,351		36.00
37.00	Subtotal (see instructions)	15,472,279		37.00
38.00	MSP-LCC reconciliation amount from PS&R	0		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0		39.99
40.00	Subtotal (see instructions)	15,472,279		40.00
40.01	Sequestration adjustment (see instructions)	154,723		40.01
41.00	Interim payments	15,262,000		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	55,556		43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet E-1  
Part I  
Date/Time Prepared:  
2/21/2014 2:39 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		40,077,318		15,232,639	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0	03/20/2013	695	3.01	
3.02		09/23/2013	39,363	09/23/2013	28,666	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	03/20/2012	59,209		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)		-19,846		29,361	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)		40,057,472		15,262,000	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		55,556	6.01	
6.02	SETTLEMENT TO PROGRAM		392,172		0	6.02	
7.00	Total Medicare program liability (see instructions)		39,665,300		15,317,556	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: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet E-1  
Part II  
Date/Time Prepared:  
2/21/2014 2:39 pm

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,535 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			17,727 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			733 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			29,006 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			548,753,731 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			7,993,768 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)			993,628 8.00
9.00	Sequestration adjustment amount (see instructions)			19,873 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			973,755 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
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)			973,755 32.00
				<b>Overrides</b>
				1.00
<b>CONTRACTOR OVERRIDES</b>				
108.00	Override of HIT payment			0 108.00



DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/21/2014 2:39 pm	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.99	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-9.50	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			15.49	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.28	6.00
7.00	Enter the lesser of line 5 or line 6			14.28	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	4.48	9.10	13.58	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	4.48	9.10	13.58	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.92		10.00
11.00	Total weighted FTE count	4.48	10.02		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	7.16	12.84		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	5.94	17.95		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	5.86	13.60		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	5.86	13.60		17.00
18.00	Per resident amount	110,503.73	102,817.43		18.00
19.00	Approved amount for resident costs	647,552	1,398,317	2,045,869	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,045,869	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days	17,727	733		26.00
27.00	Total Inpatient Days (see instructions)	29,006	29,006		27.00
28.00	Ratio of inpatient days to total inpatient days	0.611149	0.025271		28.00
29.00	Program direct GME amount	1,250,331	51,701		29.00
30.00	Reduction for direct GME payments for Medicare managed care		7,305		30.00
31.00	Net Program direct GME amount			1,294,727	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet E-4 Date/Time Prepared: 2/21/2014 2:39 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		49,774,091	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		34,275	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		49,739,816	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		21,522,361	42.00
43.00	Primary payer payments (see instructions)		262	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,522,099	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		71,261,915	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.697986	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.302014	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		1,294,727	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		903,701	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		391,026	50.00

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

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet G

Date/Time Prepared:  
2/21/2014 2:39 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	1,400	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	38,746,563	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-8,231,902	0	0	0	6.00
7.00	Inventory	3,176,160	0	0	0	7.00
8.00	Prepaid expenses	21,179	0	0	0	8.00
9.00	Other current assets	310,657	0	0	0	9.00
10.00	Due from other funds	692,754	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,716,811	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	26,269,650	0	0	0	12.00
13.00	Land improvements	2,976,080	0	0	0	13.00
14.00	Accumulated depreciation	-1,389,331	0	0	0	14.00
15.00	Buildings	194,904,063	0	0	0	15.00
16.00	Accumulated depreciation	-43,538,007	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	44,293,326	0	0	0	23.00
24.00	Accumulated depreciation	-24,003,966	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	199,511,815	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	77,260	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	77,260	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	234,305,886	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	218,921	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	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	161,322,948	0	0	0	43.00
44.00	Other current liabilities	2,526,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	164,067,869	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	20,048,977	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	20,048,977	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	184,116,846	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	50,189,040				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	50,189,040	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	234,305,886	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet G-1

Date/Time Prepared:  
2/21/2014 2:39 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		50,189,040		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-895,218			2.00
3.00	Total (sum of line 1 and line 2)		49,293,822		0	3.00
4.00	OTHER TRANSFER	895,218		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		895,218		0	10.00
11.00	Subtotal (line 3 plus line 10)		50,189,040		0	11.00
12.00	Deductions (debit adjustments) (specify)	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)		50,189,040		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	OTHER TRANSFER		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
2/21/2014 2:39 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	53,552,190		53,552,190	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)	53,552,190		53,552,190	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,300,855		7,300,855	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)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,300,855		7,300,855	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	60,853,045		60,853,045	17.00
18.00	Ancillary services	118,634,717	194,729,813	313,364,530	18.00
19.00	Outpatient services	96,861,002	77,726,825	174,587,827	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	PHYSICIAN REVENUE	9,012,993	0	9,012,993	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	285,361,757	272,456,638	557,818,395	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		152,033,176		29.00
30.00	INDIRECT EXPENSE ALLOCATION	1,726,360			30.00
31.00	MALPRACTICE EXPENSE	3,627,618			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)		5,353,978		36.00
37.00	RECONCILING ITEM	7			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)		7		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		157,387,147		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140051

Period:  
From 10/01/2012  
To 09/30/2013

Worksheet G-3

Date/Time Prepared:  
2/21/2014 2:39 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	557,818,395	1.00
2.00	Less contractual allowances and discounts on patients' accounts	403,249,591	2.00
3.00	Net patient revenues (line 1 minus line 2)	154,568,804	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	157,387,147	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,818,343	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	816,240	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.)	3	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	92,060	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,017,949	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
25.00	Total other income (sum of lines 6-24)	1,926,252	25.00
26.00	Total (line 5 plus line 25)	-892,091	26.00
27.00	MI SCELLANEOUS	1,027	27.00
27.01	OP PHARMACY-CLINICAL REVENUE	2,100	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	3,127	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-895,218	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140051	Period: From 10/01/2012 To 09/30/2013	Worksheet L Parts I-III Date/Time Prepared: 2/21/2014 2:39 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		2,583,532	1.00
2.00	Capital DRG outlier payments		163,161	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		79.47	3.00
4.00	Number of interns & residents (see instructions)		20.15	4.00
5.00	Indirect medical education percentage (see instructions)		7.42	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		191,698	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.57	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.27	8.00
9.00	Sum of lines 7 and 8		24.84	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.16	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		133,310	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,071,701	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