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: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/30/2014 11:29 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2014 Time: 11:29 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] Cost Report Status
   (1) As Submitted
   (2) Settled without Audit
   (3) Settled with Audit
   (4) Reopened
   (5) Amended
6. Date Received:
7. Contractor No.
8. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METROSOUTH MEDICAL CENTER (140118) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,012,458	121,438	-32,657	0	1.00
2.00	Subprovider - IPF	0	5,885	-1		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
200.00	Total	0	1,018,343	121,437	-32,657	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2014 11:13 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 12935 SOUTH GREGORY STREET	PO Box:			1.00
2.00	City: BLUE ISLAND	State: IL	Zip Code: 60406	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	METROSOUTH MEDICAL CENTER	140118	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	METRO SOUTH PSYCH UNIT	14S118	16974	4	01/01/2013	N	P	O	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	4		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	2	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.	6,376	3,476	9	10	2,657	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 1.00	Date of Geogr 2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 11:13 am

		Beginning:	Ending:	
		1.00	2.00	
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.			36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00

		Y/N	Y/N	
		1.00	2.00	
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 “Y” for yes or “N” for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)			39.00

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	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)	N			60.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 11:13 am

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

		1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)		
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings		
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N	63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2014 11:13 am

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

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0	76.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 11:13 am

		V	XIX	
		1.00	2.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I &R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N		108.00

		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	103,335	15,518	0	118.01

		V	XIX	
		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	N		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	449008	140.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 11:13 am

	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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS	Contractor's Number: 52280	141.00
142.00	Street: 4000 MERIDIAN BLVD	PO Box:		142.00
143.00	City: FRANKLIN	State: TN	Zip Code: 37067	143.00

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

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

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

		1.00	
	Multicampus		
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N	165.00

		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

		1.00	
	Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act		
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50	169.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 11:13 am

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

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

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

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

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

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	05/14/2014	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 11:13 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				N	27.00
	Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				N	31.00
	Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				N	33.00
	Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				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	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	N		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRENT	WILSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	CHS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(615) 465-7548	BRENT_WILSON@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2014 11:13 am

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	05/14/2014			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)				17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		MANAGER		41.00
42.00	Enter the employer/company name of the cost report preparer.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.				43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2014 11:13 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	252	91,980	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)		252	91,980	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	36	13,140	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		288	105,120	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	14	5,110		0	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		302				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: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2014 11:13 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	12,722	5,956	28,574			1.00
2.00	HMO and other (see instructions)	2,371	2,657				2.00
3.00	HMO IPF Subprovider	16	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			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	12,722	5,956	28,574			7.00
8.00	INTENSIVE CARE UNIT	1,901	332	3,535			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		3,583	5,134			13.00
14.00	Total (see instructions)	14,623	9,871	37,243	0.00	839.66	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	1,432	0	1,632	0.00	13.78	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	853.44	27.00
28.00	Observation Bed Days		0	2,265			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2014 11:13 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,530	2,460	9,027	1.00
2.00	HMO and other (see instructions)			559			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	3,530	2,460	9,027	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	131	0	158	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2014 11:13 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	55,960,777	0	55,960,777	1,775,156.00	31.52	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		641,963	0	641,963	8,528.00	75.28	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		788,997	371,274	1,160,271	38,538.00	30.11	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative		612,686	0	612,686	4,460.55	137.36	13.00
14.00	Home office salaries & wage-related costs		2,351,804	0	2,351,804	35,994.00	65.34	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
	WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		11,135,512	0	11,135,512			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		249,968	0	249,968			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		81,678	0	81,678			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	304,690	0	304,690	9,079.00	33.56	26.00
27.00	Administrative & General	5.00	7,649,241	-626,911	7,022,330	228,276.00	30.76	27.00
28.00	Administrative & General under contract (see inst.)		879,361	0	879,361	13,357.52	65.83	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,290,283	0	2,290,283	79,677.00	28.74	30.00
31.00	Laundry & Linen Service	8.00	345,385	0	345,385	18,928.00	18.25	31.00
32.00	Housekeeping	9.00	1,624,236	0	1,624,236	104,356.00	15.56	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	1,275,525	0	1,275,525	74,000.00	17.24	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,522,231	315,474	1,837,705	40,974.00	44.85	38.00
39.00	Central Services and Supply	14.00	861,596	0	861,596	33,806.00	25.49	39.00
40.00	Pharmacy	15.00	2,002,728	0	2,002,728	50,952.00	39.31	40.00
41.00	Medical Records & Medical Records Library	16.00	771,371	0	771,371	32,710.00	23.58	41.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2014 11:13 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part III Date/Time Prepared: 5/30/2014 11:13 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		56,198,175	0	56,198,175	1,779,985.52	31.57	1.00
2.00	Excluded area salaries (see instructions)		788,997	371,274	1,160,271	38,538.00	30.11	2.00
3.00	Subtotal salaries (line 1 minus line 2)		55,409,178	-371,274	55,037,904	1,741,447.52	31.60	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,964,490	0	2,964,490	40,454.55	73.28	4.00
5.00	Subtotal wage-related costs (see inst.)		11,135,512	0	11,135,512	0.00	20.23	5.00
6.00	Total (sum of lines 3 thru 5)		69,509,180	-371,274	69,137,906	1,781,902.07	38.80	6.00
7.00	Total overhead cost (see instructions)		19,526,647	-311,437	19,215,210	686,115.52	28.01	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part IV Date/Time Prepared: 5/30/2014 11:13 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	1,091,034	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	4,147,878	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	223,843	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	90,827	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	7,482	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	-96,977	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	1,192,645	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
	TAXES		
17.00	FICA-Employers Portion Only	3,234,253	17.00
18.00	Medicare Taxes - Employers Portion Only	756,398	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	778,649	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	41,125	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	11,467,157	24.00
	Part B - Other than Core Related Cost		
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part V Date/Time Prepared: 5/30/2014 11:13 am

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-10 | Date/Time Prepared: 5/30/2014 11:13 am

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.199762	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	7,633,164	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	131,188,781	6.00
7.00	Medicaid cost (line 1 times line 6)	26,206,533	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)	18,573,369	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	18,573,369	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	7,515,269	523,703	8,038,972	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,501,265	104,616	1,605,881	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,501,265	104,616	1,605,881	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)	22,641,511	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	862,873	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	21,778,638	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	4,350,544	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	5,956,425	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	24,529,794	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,658,843	1,658,843	625,633	2,284,476	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,197,321	4,197,321	1,242,524	5,439,845	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	304,690	280,750	585,440	6,697,276	7,282,716	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,649,241	57,755,079	65,404,320	-8,332,682	57,071,638	5.00
7.00	00700	OPERATION OF PLANT	2,290,283	3,653,932	5,944,215	-6,125	5,938,090	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	345,385	593,578	938,963	0	938,963	8.00
9.00	00900	HOUSEKEEPING	1,624,236	512,976	2,137,212	0	2,137,212	9.00
10.00	01000	DIETARY	1,275,525	1,221,313	2,496,838	-8,300	2,488,538	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,522,231	430,887	1,953,118	315,474	2,268,592	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	861,596	224,349	1,085,945	383,711	1,469,656	14.00
15.00	01500	PHARMACY	2,002,728	3,712,420	5,715,148	-3,387,209	2,327,939	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	771,371	1,142,789	1,914,160	-2,071	1,912,089	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,131,919	3,425,926	10,557,845	-18,845	10,539,000	30.00
31.00	03100	INTENSIVE CARE UNIT	2,882,955	594,891	3,477,846	-1,740	3,476,106	31.00
40.00	04000	SUBPROVIDER - IPF	786,721	609,707	1,396,428	0	1,396,428	40.00
43.00	04300	NURSERY	1,193,177	920,838	2,114,015	-4,284	2,109,731	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,936,214	6,441,128	10,377,342	-4,970,263	5,407,079	50.00
51.00	05100	RECOVERY ROOM	489,221	72,825	562,046	0	562,046	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,795,577	687,053	3,482,630	-12,838	3,469,792	52.00
53.00	05300	ANESTHESIOLOGY	23,696	561,381	585,077	-9	585,068	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,980,460	1,896,379	3,876,839	0	3,876,839	54.00
54.01	05401	ULTRASOUND	492,050	124,576	616,626	0	616,626	54.01
56.00	05600	RADIOISOTOPE	241,889	239,120	481,009	0	481,009	56.00
57.00	05700	CT SCAN	737,894	269,198	1,007,092	0	1,007,092	57.00
58.00	05800	MRI	207,516	107,776	315,292	0	315,292	58.00
60.00	06000	LABORATORY	2,501,772	3,090,557	5,592,329	-11,212	5,581,117	60.00
65.00	06500	RESPIRATORY THERAPY	925,454	345,787	1,271,241	-76,262	1,194,979	65.00
66.00	06600	PHYSICAL THERAPY	772,760	136,978	909,738	-203,814	705,924	66.00
67.00	06700	OCCUPATIONAL THERAPY	143,849	15,383	159,232	15,794	175,026	67.00
68.00	06800	SPEECH PATHOLOGY	164,486	44,190	208,676	168,860	377,536	68.00
69.00	06900	ELECTROCARDIOLOGY	5,917,263	6,412,229	12,329,492	-270,650	12,058,842	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,189,184	4,189,184	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	3,002,488	3,002,488	73.00
74.00	07400	RENAL DIALYSIS	0	569,004	569,004	0	569,004	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	131,727	17,368	149,095	0	149,095	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	127,488	17,761	145,249	0	145,249	90.00
91.00	09100	EMERGENCY	3,727,127	1,242,948	4,970,075	-61,307	4,908,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	55,958,501	103,227,240	159,185,741	-726,667	158,459,074	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,812	2,812	0	2,812	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,276	8,969	11,245	-225	11,020	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	726,892	726,892	194.01
194.02	07953	SENIOR CIRCLE	0	2,120	2,120	0	2,120	194.02
194.03	07952	MOB	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	55,960,777	103,241,141	159,201,918	0	159,201,918	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,662,680	621,796		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-785,953	4,653,892		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-7,289	7,275,427		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-40,490,208	16,581,430		5.00
7.00	00700	OPERATION OF PLANT	-138,970	5,799,120		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	938,963		8.00
9.00	00900	HOUSEKEEPING	0	2,137,212		9.00
10.00	01000	DIETARY	-410,686	2,077,852		10.00
11.00	01100	CAFETERIA	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	-8,184	2,260,408		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,469,656		14.00
15.00	01500	PHARMACY	-177	2,327,762		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,039	1,909,050		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,065,718	8,473,282		30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,476,106		31.00
40.00	04000	SUBPROVIDER - IPF	0	1,396,428		40.00
43.00	04300	NURSERY	-668,804	1,440,927		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	5,407,079		50.00
51.00	05100	RECOVERY ROOM	0	562,046		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-739,213	2,730,579		52.00
53.00	05300	ANESTHESIOLOGY	-327,323	257,745		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,876,839		54.00
54.01	05401	ULTRASOUND	0	616,626		54.01
56.00	05600	RADIOISOTOPE	0	481,009		56.00
57.00	05700	CT SCAN	0	1,007,092		57.00
58.00	05800	MRI	0	315,292		58.00
60.00	06000	LABORATORY	-8,919	5,572,198		60.00
65.00	06500	RESPIRATORY THERAPY	0	1,194,979		65.00
66.00	06600	PHYSICAL THERAPY	0	705,924		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	175,026		67.00
68.00	06800	SPEECH PATHOLOGY	0	377,536		68.00
69.00	06900	ELECTROCARDIOLOGY	-9,350	12,049,492		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,189,184		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,002,488		73.00
74.00	07400	RENAL DIALYSIS	0	569,004		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.01	03021	SLEEP LAB	0	149,095		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	145,249		90.00
91.00	09100	EMERGENCY	0	4,908,768		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-47,326,513	111,132,561		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,812		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	11,020		192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0		192.01
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	CHF CLINIC	0	0		194.00
194.01	07951	MARKETING	0	726,892		194.01
194.02	07953	SENIOR CIRCLE	0	2,120		194.02
194.03	07952	MOB	0	0		194.03
200.00		TOTAL (SUM OF LINES 118-199)	-47,326,513	111,875,405		200.00

RECLASSIFICATIONS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 11:13 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	6,697,276	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
	TOTALS		0	6,697,276	
	B - OXYGEN COSTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	69,074	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	69,074	
	C - RENTAL AND LEASE EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	320,164	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,231,607	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
	TOTALS		0	1,551,771	
	D - OTHER CAPITAL COSTS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	305,469	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	10,917	2.00
	TOTALS		0	316,386	
	E - MARKETING DEPARTMENT				
1.00	MARKETING	194.01	371,274	355,618	1.00
	TOTALS		371,274	355,618	
	F - CHIEF NURSING OFFICER				
1.00	NURSING ADMINISTRATION	13.00	315,474	0	1.00
2.00		0.00	0	0	2.00
	TOTALS		315,474	0	
	G - MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,120,110	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	481,996	2.00
	TOTALS		0	4,602,106	
	H - COST OF DRUGS/IV SOLUTIONS				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	3,002,488	1.00
	TOTALS		0	3,002,488	
	J - PT, OT, SP COSTS				
1.00	OCCUPATIONAL THERAPY	67.00	4,326	11,468	1.00
2.00	SPEECH PATHOLOGY	68.00	154,589	14,271	2.00
	TOTALS		158,915	25,739	
500.00	Grand Total: Increases		845,663	16,620,458	500.00

RECLASSIFICATIONS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 11:13 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,671,543	0		1.00
2.00	OPERATION OF PLANT	7.00	0	5,624	0		2.00
3.00	PHARMACY	15.00	0	587	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,071	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	16,201	0		5.00
6.00	EMERGENCY	91.00	0	1,250	0		6.00
	TOTALS		0	6,697,276			
	B - OXYGEN COSTS						
1.00	OPERATION OF PLANT	7.00	0	501	0		1.00
2.00	OPERATING ROOM	50.00	0	4,771	0		2.00
3.00	ANESTHESIOLOGY	53.00	0	9	0		3.00
4.00	RESPIRATORY THERAPY	65.00	0	63,786	0		4.00
5.00	ELECTROCARDIOLOGY	69.00	0	7	0		5.00
	TOTALS		0	69,074			
	C - RENTAL AND LEASE EXPENSE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	362,224	10		1.00
2.00	DIETARY	10.00	0	8,300	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	98,285	0		3.00
4.00	PHARMACY	15.00	0	384,134	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	2,644	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,740	0		6.00
7.00	NURSERY	43.00	0	4,284	0		7.00
8.00	OPERATING ROOM	50.00	0	363,386	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,838	0		9.00
10.00	LABORATORY	60.00	0	11,212	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	12,476	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	19,160	0		12.00
13.00	ELECTROCARDIOLOGY	69.00	0	270,643	0		13.00
14.00	EMERGENCY	91.00	0	220	0		14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	225	0		15.00
	TOTALS		0	1,551,771			
	D - OTHER CAPITAL COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	316,386	13		1.00
2.00		0.00	0	0	12		2.00
	TOTALS		0	316,386			
	E - MARKETING DEPARTMENT						
1.00	ADMINISTRATIVE & GENERAL	5.00	371,274	355,618	0		1.00
	TOTALS		371,274	355,618			
	F - CHIEF NURSING OFFICER						
1.00	ADMINISTRATIVE & GENERAL	5.00	255,637	0	0		1.00
2.00	EMERGENCY	91.00	59,837	0	0		2.00
	TOTALS		315,474	0			
	G - MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	4,602,106	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	4,602,106			
	H - COST OF DRUGS/IV SOLUTIONS						
1.00	PHARMACY	15.00	0	3,002,488	0		1.00
	TOTALS		0	3,002,488			
	J - PT, OT, SP COSTS						
1.00	PHYSICAL THERAPY	66.00	158,915	25,739	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		158,915	25,739			
500.00	Grand Total: Decreases		845,663	16,620,458			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part I | Date/Time Prepared: 5/30/2014 11:13 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	7,325	0	0	0	0	2.00
3.00	Buildings and Fixtures	1,700	18,548	0	18,548	0	3.00
4.00	Building Improvements	3,336,403	3,189,527	0	3,189,527	0	4.00
5.00	Fixed Equipment	1,189,728	473,108	0	473,108	0	5.00
6.00	Movable Equipment	14,098,307	5,112,864	0	5,112,864	93	6.00
7.00	HIT designated Assets	566,165	792,665	0	792,665	197,806	7.00
8.00	Subtotal (sum of lines 1-7)	19,199,628	9,586,712	0	9,586,712	197,899	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	19,199,628	9,586,712	0	9,586,712	197,899	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	0	0	1.00
2.00	Land Improvements	7,325	0	2.00
3.00	Buildings and Fixtures	20,248	0	3.00
4.00	Building Improvements	6,525,930	0	4.00
5.00	Fixed Equipment	1,662,836	0	5.00
6.00	Movable Equipment	19,211,078	0	6.00
7.00	HIT designated Assets	1,161,024	0	7.00
8.00	Subtotal (sum of lines 1-7)	28,588,441	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	28,588,441	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part II | Date/Time Prepared: 5/30/2014 11:13 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	1,658,843	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,197,321	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,856,164	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	1,658,843		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,197,321		2.00
3.00	Total (sum of lines 1-2)	0	5,856,164		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2014 11:13 am

	Cost Center Description	COMPUTATION OF RATIOS: Gross Assets	COMPUTATION OF RATIOS: Capitalized Leases	COMPUTATION OF RATIOS: Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL: Ratio (see instructions)	ALLOCATION OF OTHER CAPITAL: Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	6,553,503	0	6,553,503	0.229236	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	22,034,938	0	22,034,938	0.770764	0	2.00
3.00	Total (sum of lines 1-2)	28,588,441	0	28,588,441	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL: Taxes	ALLOCATION OF OTHER CAPITAL: Other Capital-Related Costs	ALLOCATION OF OTHER CAPITAL: Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL: Depreciation	SUMMARY OF CAPITAL: Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	526,033	-209,706	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,103,373	1,539,602	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,629,406	1,329,896	3.00

	Cost Center Description	SUMMARY OF CAPITAL: Interest	SUMMARY OF CAPITAL: Insurance (see instructions)	SUMMARY OF CAPITAL: Taxes (see instructions)	SUMMARY OF CAPITAL: Other Capital-Related Costs (see instructions)	SUMMARY OF CAPITAL: Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	305,469	0	621,796	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	10,917	0	0	4,653,892	2.00
3.00	Total (sum of lines 1-2)	0	10,917	305,469	0	5,275,688	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 11:13 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-7,289	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-40,694	ADMINISTRATIVE & GENERAL	5.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-3,841,096			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-9,926,908			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-410,686	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	B	-177	PHARMACY	15.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,039	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-11,705	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-1,132,810	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,077,985	CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	ALLIANCE HEALTHCARE	B	-22,500	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	A&G OTHER INCOME	B	-462,386	ADMINISTRATIVE & GENERAL	5.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 11:13 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	RENTAL INCOME	B	-583,304	CAP REL COSTS-BLDG & FIXT	1.00	10	33.02
33.03	HOSPITAL BAD DEBT	A	-21,500,471	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	PATIENT TELEPHONE COSTS	A	-138,970	OPERATION OF PLANT	7.00	0	33.04
33.05	MARKETING EXPENSE	A	-125,998	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	LOBBYING EXPENSE	A	-62,118	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07	PROVIDER TAX	A	-7,842,265	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.08	ST. JAMES SCHOOL	B	-25,000	ADMINISTRATIVE & GENERAL	5.00	0	33.08
33.09	PATIENT TELEPHONE & TV DEPRECIATION	A	-15,963	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.09
33.10	SPECIAL EVENTS	A	-34,086	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11	CON COSTS	A	-2,163	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.34	CHARITABLE CONTRIBUTIONS	A	-3,752	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35	LEGAL FEES	A	-55,148	ADMINISTRATIVE & GENERAL	5.00	0	33.35
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-47,326,513				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2014 11:13 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	HO CAPITAL COSTS - BLDG & FI	53,434	0	1.00
2.00	2.00	CAP REL COSTS-MVBLE EQUIP	HO CAPITAL COSTS - MOVABLE E	307,995	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HO COSTS	2,536,446	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	0	4,480,908	4.00
4.04	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	0	3,341,917	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	401K FEES	0	3,767	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	AUDIT FEES	0	73,376	4.06
4.08	5.00	ADMINISTRATIVE & GENERAL	MIS FEES	0	350,000	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE	0	27,243	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT	0	197,792	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	PURCHASE & ANCILLARY	0	14,500	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	EMERGENCY ROOM	0	108,022	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	PPSI FEES	0	19,648	4.13
4.15	5.00	ADMINISTRATIVE & GENERAL	COMPLIANCE/HIM/CCA FEES	0	60,156	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	SENIOR CIRCLE	0	32,295	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	PASI COLLECTION FEES	0	294,385	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	EBOS FEES	0	24,175	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE ALLOCATIONS	118,853	3,915,452	4.19
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			3,016,728	12,943,636	5.00

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

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

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

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

6.00	B		0.00	MSMC REAL ESTATE	100.00	6.00
7.00	B		0.00	TRANSITION HEALTHCARE	100.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 5/30/2014 11:13 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	53,434	10		1.00
2.00	307,995	10		2.00
3.00	2,536,446	0		3.00
4.00	-4,480,908	0		4.00
4.04	-3,341,917	0		4.04
4.05	-3,767	0		4.05
4.06	-73,376	0		4.06
4.08	-350,000	0		4.08
4.09	-27,243	0		4.09
4.10	-197,792	0		4.10
4.11	-14,500	0		4.11
4.12	-108,022	0		4.12
4.13	-19,648	0		4.13
4.15	-60,156	0		4.15
4.16	-32,295	0		4.16
4.17	-294,385	0		4.17
4.18	-24,175	0		4.18
4.19	-3,796,599	0		4.19
5.00	-9,926,908			5.00

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

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

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

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

6.00	RELATED PARTY PROPERTY OW		6.00
7.00	RELATED PARTY MGMT		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2014 11:13 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	57,800	0	57,800	177,200	519	1.00
2.00	13.00	NURSING ADMINISTRATION	37,916	0	37,916	177,200	349	2.00
3.00	30.00	ADULTS & PEDIATRICS	2,163,635	1,986,069	177,566	196,400	1,037	3.00
4.00	43.00	NURSERY	668,804	668,804	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	739,213	739,213	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	327,323	327,323	0	0	0	6.00
7.00	60.00	LABORATORY	24,993	0	24,993	215,700	155	7.00
8.00	69.00	ELECTROCARDIOLOGY	9,350	9,350	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			4,029,034	3,730,759	298,275		2,060	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	44,215	2,211	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	29,732	1,487	0	0	0	2.00
3.00	30.00	ADULTS & PEDIATRICS	97,917	4,896	0	0	0	3.00
4.00	43.00	NURSERY	0	0	0	0	0	4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	16,074	804	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	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			187,938	9,398	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	44,215	13,585	13,585		1.00
2.00	13.00	NURSING ADMINISTRATION	0	29,732	8,184	8,184		2.00
3.00	30.00	ADULTS & PEDIATRICS	0	97,917	79,649	2,065,718		3.00
4.00	43.00	NURSERY	0	0	0	668,804		4.00
5.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	739,213		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	327,323		6.00
7.00	60.00	LABORATORY	0	16,074	8,919	8,919		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	9,350		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	187,938	110,337	3,841,096		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	621,796	621,796				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,653,892		4,653,892			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	7,275,427	0	0	7,275,427		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,581,430	89,746	671,751	917,966	18,260,893	5.00
7.00	00700	OPERATION OF PLANT	5,799,120	73,808	552,458	299,388	6,724,774	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	938,963	15,226	113,968	45,149	1,113,306	8.00
9.00	00900	HOUSEKEEPING	2,137,212	0	0	212,322	2,349,534	9.00
10.00	01000	DIETARY	2,077,852	0	0	166,738	2,244,590	10.00
11.00	01100	CAFETERIA	0	29,981	224,410	0	254,391	11.00
13.00	01300	NURSING ADMINISTRATION	2,260,408	0	0	240,227	2,500,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,469,656	7,273	54,437	112,629	1,643,995	14.00
15.00	01500	PHARMACY	2,327,762	4,541	33,988	261,799	2,628,090	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,909,050	5,116	38,294	100,834	2,053,294	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,473,282	97,724	731,477	932,298	10,234,781	30.00
31.00	03100	INTENSIVE CARE UNIT	3,476,106	17,204	128,774	376,863	3,998,947	31.00
40.00	04000	SUBPROVIDER - IPF	1,396,428	0	0	102,841	1,499,269	40.00
43.00	04300	NURSERY	1,440,927	6,394	47,863	155,973	1,651,157	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,407,079	53,650	401,569	514,546	6,376,844	50.00
51.00	05100	RECOVERY ROOM	562,046	6,155	46,073	63,951	678,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,730,579	10,193	76,295	365,441	3,182,508	52.00
53.00	05300	ANESTHESIOLOGY	257,745	0	0	3,098	260,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,876,839	19,370	144,988	258,888	4,300,085	54.00
54.01	05401	ULTRASOUND	616,626	0	0	64,321	680,947	54.01
56.00	05600	RADIOISOTOPE	481,009	3,329	24,915	31,620	540,873	56.00
57.00	05700	CT SCAN	1,007,092	6,450	48,279	96,458	1,158,279	57.00
58.00	05800	MRI	315,292	1,231	8,949	27,127	352,599	58.00
60.00	06000	LABORATORY	5,572,198	19,153	143,358	327,034	6,061,743	60.00
65.00	06500	RESPIRATORY THERAPY	1,194,979	4,708	35,237	120,976	1,355,900	65.00
66.00	06600	PHYSICAL THERAPY	705,924	13,225	98,986	80,242	898,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	175,026	0	0	19,370	194,396	67.00
68.00	06800	SPEECH PATHOLOGY	377,536	0	0	41,710	419,246	68.00
69.00	06900	ELECTROCARDIOLOGY	12,049,492	59,725	447,040	773,511	13,329,768	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,189,184	0	0	0	4,189,184	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,002,488	0	0	0	3,002,488	73.00
74.00	07400	RENAL DIALYSIS	569,004	0	0	0	569,004	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	149,095	4,063	30,408	17,219	200,785	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	145,249	2,557	19,138	16,665	183,609	90.00
91.00	09100	EMERGENCY	4,908,768	27,774	207,886	479,392	5,623,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0	92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	111,132,561	578,596	4,330,541	7,226,596	110,717,179	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,812	2,758	20,644	0	26,214	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,020	6,312	47,242	298	64,872	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	726,892	0	0	48,533	775,425	194.01
194.02	07953	SENIOR CIRCLE	2,120	0	0	0	2,120	194.02
194.03	07952	MOB	0	34,130	255,465	0	289,595	194.03
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	111,875,405	621,796	4,653,892	7,275,427	111,875,405	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	18,260,893					5.00
7.00	00700	OPERATION OF PLANT	1,359,050	8,083,824				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	224,995	268,605	1,606,906			8.00
9.00	00900	HOUSEKEEPING	474,831	0	41,644	2,866,009		9.00
10.00	01000	DIETARY	453,623	0	0	0	2,698,213	10.00
11.00	01100	CAFETERIA	0	528,898	16,623	193,958	798,557	11.00
13.00	01300	NURSING ADMINISTRATION	505,368	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	332,245	128,299	73,804	47,050	0	14.00
15.00	01500	PHARMACY	531,126	80,103	0	29,376	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	414,963	90,252	0	33,097	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,068,408	1,723,973	349,434	632,219	1,554,795	30.00
31.00	03100	INTENSIVE CARE UNIT	808,171	303,498	88,799	111,299	181,174	31.00
40.00	04000	SUBPROVIDER - IPF	302,996	0	0	0	83,748	40.00
43.00	04300	NURSERY	333,692	112,804	33,338	41,368	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,288,735	946,433	193,258	347,077	63	50.00
51.00	05100	RECOVERY ROOM	137,067	108,586	28,592	39,821	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	643,172	179,815	97,446	65,942	0	52.00
53.00	05300	ANESTHESIOLOGY	52,715	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	869,030	341,712	80,527	125,313	0	54.00
54.01	05401	ULTRASOUND	137,617	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	109,308	58,720	13,691	21,534	0	56.00
57.00	05700	CT SCAN	234,084	113,786	0	41,728	0	57.00
58.00	05800	MRI	71,259	21,717	0	7,964	0	58.00
60.00	06000	LABORATORY	1,225,054	337,870	93	123,904	0	60.00
65.00	06500	RESPIRATORY THERAPY	274,022	83,048	147	30,455	0	65.00
66.00	06600	PHYSICAL THERAPY	181,558	233,293	21,820	85,554	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	39,287	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	84,728	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,693,870	1,053,599	258,384	386,377	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	846,617	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	114,993	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	40,578	71,667	4,368	26,282	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	37,107	45,105	1,068	16,541	40,144	90.00
91.00	09100	EMERGENCY	1,136,552	489,953	293,255	179,676	39,478	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,026,821	7,321,736	1,596,291	2,586,535	2,697,959	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,298	48,655	0	17,843	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,110	111,343	10,615	40,832	254	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	156,710	0	0	0	0	194.01
194.02	07953	SENIOR CIRCLE	428	0	0	0	0	194.02
194.03	07952	MOB	58,526	602,090	0	220,799	0	194.03
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)	18,260,893	8,083,824	1,606,906	2,866,009	2,698,213	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,792,427					11.00
13.00	01300	NURSING ADMINISTRATION	58,250	3,064,253				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	48,049	0	2,273,442			14.00
15.00	01500	PHARMACY	72,443	0	13,129	3,354,267		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	46,512	0	1,052	0	2,639,170	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	333,067	728,258	71,640	0	200,211	30.00
31.00	03100	INTENSIVE CARE UNIT	103,017	294,384	43,349	0	45,794	31.00
40.00	04000	SUBPROVIDER - IPF	40,746	80,334	2,198	0	12,026	40.00
43.00	04300	NURSERY	40,420	121,838	13,365	0	51,245	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	149,795	401,935	66,940	0	361,181	50.00
51.00	05100	RECOVERY ROOM	16,677	49,955	3,583	0	38,609	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	95,034	285,462	46,328	0	64,635	52.00
53.00	05300	ANESTHESIOLOGY	1,212	2,420	27,622	0	69,317	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	86,163	0	120,457	0	95,939	54.00
54.01	05401	ULTRASOUND	15,878	0	7,869	0	44,107	54.01
56.00	05600	RADIOISOTOPE	7,067	0	15,467	0	23,745	56.00
57.00	05700	CT SCAN	26,878	0	17,133	0	167,934	57.00
58.00	05800	MRI	6,919	0	2,551	0	35,881	58.00
60.00	06000	LABORATORY	122,917	0	268,571	0	422,176	60.00
65.00	06500	RESPIRATORY THERAPY	42,786	94,500	15,516	0	53,614	65.00
66.00	06600	PHYSICAL THERAPY	25,281	0	5,744	0	14,632	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,002	0	230	0	3,532	67.00
68.00	06800	SPEECH PATHOLOGY	12,862	0	3,209	0	7,559	68.00
69.00	06900	ELECTROCARDIOLOGY	250,358	604,224	809,608	0	230,945	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	604,873	0	222,618	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	3,354,267	152,855	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,526	0	8,867	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	7,865	13,451	661	0	7,076	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	4,494	13,018	393	0	1,386	90.00
91.00	09100	EMERGENCY	157,690	374,474	108,910	0	303,286	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,778,382	3,064,253	2,271,924	3,354,267	2,639,170	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	207	0	845	0	0	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	13,838	0	673	0	0	194.01
194.02	07953	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07952	MOB	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,792,427	3,064,253	2,273,442	3,354,267	2,639,170	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
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
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	17,896,786	0	17,896,786		30.00
31.00	03100	INTENSIVE CARE UNIT	5,978,432	0	5,978,432		31.00
40.00	04000	SUBPROVIDER - IPF	2,021,317	0	2,021,317		40.00
43.00	04300	NURSERY	2,399,227	0	2,399,227		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	10,132,261	0	10,132,261		50.00
51.00	05100	RECOVERY ROOM	1,101,115	0	1,101,115		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,660,342	0	4,660,342		52.00
53.00	05300	ANESTHESIOLOGY	414,129	0	414,129		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,019,226	0	6,019,226		54.00
54.01	05401	ULTRASOUND	886,418	0	886,418		54.01
56.00	05600	RADIOISOTOPE	790,405	0	790,405		56.00
57.00	05700	CT SCAN	1,759,822	0	1,759,822		57.00
58.00	05800	MRI	498,890	0	498,890		58.00
60.00	06000	LABORATORY	8,562,328	0	8,562,328		60.00
65.00	06500	RESPIRATORY THERAPY	1,949,988	0	1,949,988		65.00
66.00	06600	PHYSICAL THERAPY	1,466,259	0	1,466,259		66.00
67.00	06700	OCCUPATIONAL THERAPY	243,447	0	243,447		67.00
68.00	06800	SPEECH PATHOLOGY	527,604	0	527,604		68.00
69.00	06900	ELECTROCARDIOLOGY	19,617,133	0	19,617,133		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,863,292	0	5,863,292		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,509,610	0	6,509,610		73.00
74.00	07400	RENAL DIALYSIS	694,390	0	694,390		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	372,733	0	372,733		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	342,865	0	342,865		90.00
91.00	09100	EMERGENCY	8,707,094	0	8,707,094		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,415,113	0	109,415,113		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	98,010	0	98,010		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	242,078	0	242,078		192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0		192.01
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	CHF CLINIC	0	0	0		194.00
194.01	07951	MARKETING	946,646	0	946,646		194.01
194.02	07953	SENIOR CIRCLE	2,548	0	2,548		194.02
194.03	07952	MOB	1,171,010	0	1,171,010		194.03
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)	111,875,405	0	111,875,405		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	89,746	671,751	761,497	0	5.00
7.00	00700	OPERATION OF PLANT	0	73,808	552,458	626,266	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	15,226	113,968	129,194	0	8.00
9.00	00900	HOUSEKEEPING	0	0	0	0	0	9.00
10.00	01000	DIETARY	0	0	0	0	0	10.00
11.00	01100	CAFETERIA	0	29,981	224,410	254,391	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,273	54,437	61,710	0	14.00
15.00	01500	PHARMACY	0	4,541	33,988	38,529	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,116	38,294	43,410	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	97,724	731,477	829,201	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	17,204	128,774	145,978	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	6,394	47,863	54,257	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	53,650	401,569	455,219	0	50.00
51.00	05100	RECOVERY ROOM	0	6,155	46,073	52,228	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,193	76,295	86,488	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,370	144,988	164,358	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	3,329	24,915	28,244	0	56.00
57.00	05700	CT SCAN	0	6,450	48,279	54,729	0	57.00
58.00	05800	MRI	0	1,231	8,949	10,180	0	58.00
60.00	06000	LABORATORY	0	19,153	143,358	162,511	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,708	35,237	39,945	0	65.00
66.00	06600	PHYSICAL THERAPY	0	13,225	98,986	112,211	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	59,725	447,040	506,765	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	4,063	30,408	34,471	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,557	19,138	21,695	0	90.00
91.00	09100	EMERGENCY	0	27,774	207,886	235,660	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	578,596	4,330,541	4,909,137	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,758	20,644	23,402	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,312	47,242	53,554	0	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07953	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07952	MOB	0	34,130	255,465	289,595	0	194.03
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	621,796	4,653,892	5,275,688	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	761,497					5.00
7.00	00700	OPERATION OF PLANT	56,676	682,942				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,383	22,692	161,269			8.00
9.00	00900	HOUSEKEEPING	19,802	0	4,179	23,981		9.00
10.00	01000	DIETARY	18,917	0	0	0	18,917	10.00
11.00	01100	CAFETERIA	0	44,683	1,668	1,623	5,599	11.00
13.00	01300	NURSING ADMINISTRATION	21,075	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,856	10,839	7,407	394	0	14.00
15.00	01500	PHARMACY	22,150	6,767	0	246	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	17,305	7,625	0	277	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	86,259	145,644	35,070	5,289	10,901	30.00
31.00	03100	INTENSIVE CARE UNIT	33,703	25,640	8,912	931	1,270	31.00
40.00	04000	SUBPROVIDER - IPF	12,636	0	0	0	587	40.00
43.00	04300	NURSERY	13,916	9,530	3,346	346	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	53,744	79,957	19,395	2,904	0	50.00
51.00	05100	RECOVERY ROOM	5,716	9,174	2,870	333	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	26,822	15,191	9,780	552	0	52.00
53.00	05300	ANESTHESIOLOGY	2,198	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	36,241	28,869	8,082	1,049	0	54.00
54.01	05401	ULTRASOUND	5,739	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	4,558	4,961	1,374	180	0	56.00
57.00	05700	CT SCAN	9,762	9,613	0	349	0	57.00
58.00	05800	MRI	2,972	1,835	0	67	0	58.00
60.00	06000	LABORATORY	51,088	28,544	9	1,037	0	60.00
65.00	06500	RESPIRATORY THERAPY	11,428	7,016	15	255	0	65.00
66.00	06600	PHYSICAL THERAPY	7,572	19,709	2,190	716	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,638	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	3,533	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	112,307	89,011	25,931	3,233	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	35,306	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	4,796	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	1,692	6,055	438	220	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,547	3,811	107	138	281	90.00
91.00	09100	EMERGENCY	47,398	41,393	29,431	1,503	277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	751,735	618,559	160,204	21,642	18,915	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	221	4,110	0	149	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	547	9,407	1,065	342	2	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	6,535	0	0	0	0	194.01
194.02	07953	SENIOR CIRCLE	18	0	0	0	0	194.02
194.03	07952	MOB	2,441	50,866	0	1,848	0	194.03
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)	761,497	682,942	161,269	23,981	18,917	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	307,964					11.00
13.00	01300	NURSING ADMINISTRATION	10,008	31,083				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,256	0	102,462			14.00
15.00	01500	PHARMACY	12,447	0	592	80,731		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,991	0	47	0	76,655	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	57,225	7,383	3,229	0	5,818	30.00
31.00	03100	INTENSIVE CARE UNIT	17,700	2,987	1,954	0	1,331	31.00
40.00	04000	SUBPROVIDER - IPF	7,001	815	99	0	349	40.00
43.00	04300	NURSERY	6,945	1,236	602	0	1,489	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,737	4,078	3,017	0	10,495	50.00
51.00	05100	RECOVERY ROOM	2,865	507	162	0	1,122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,328	2,896	2,088	0	1,878	52.00
53.00	05300	ANESTHESIOLOGY	208	25	1,245	0	2,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,804	0	5,429	0	2,788	54.00
54.01	05401	ULTRASOUND	2,728	0	355	0	1,282	54.01
56.00	05600	RADIOISOTOPE	1,214	0	697	0	690	56.00
57.00	05700	CT SCAN	4,618	0	772	0	4,880	57.00
58.00	05800	MRI	1,189	0	115	0	1,043	58.00
60.00	06000	LABORATORY	21,119	0	12,105	0	12,231	60.00
65.00	06500	RESPIRATORY THERAPY	7,351	959	699	0	1,558	65.00
66.00	06600	PHYSICAL THERAPY	4,344	0	259	0	425	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,031	0	10	0	103	67.00
68.00	06800	SPEECH PATHOLOGY	2,210	0	145	0	220	68.00
69.00	06900	ELECTROCARDIOLOGY	43,015	6,130	36,484	0	6,711	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	27,263	0	6,469	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	80,731	4,442	73.00
74.00	07400	RENAL DIALYSIS	0	0	69	0	258	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	1,351	136	30	0	206	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	772	132	18	0	40	90.00
91.00	09100	EMERGENCY	27,093	3,799	4,909	0	8,813	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	305,550	31,083	102,394	80,731	76,655	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	36	0	38	0	0	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	2,378	0	30	0	0	194.01
194.02	07953	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07952	MOB	0	0	0	0	0	194.03
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)	307,964	31,083	102,462	80,731	76,655	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			24.00	25.00	26.00		
		GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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
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
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,186,019	0	1,186,019		30.00
31.00	03100	INTENSIVE CARE UNIT	240,406	0	240,406		31.00
40.00	04000	SUBPROVIDER - IPF	21,487	0	21,487		40.00
43.00	04300	NURSERY	91,667	0	91,667		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	654,546	0	654,546		50.00
51.00	05100	RECOVERY ROOM	74,977	0	74,977		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,023	0	162,023		52.00
53.00	05300	ANESTHESIOLOGY	5,690	0	5,690		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,620	0	261,620		54.00
54.01	05401	ULTRASOUND	10,104	0	10,104		54.01
56.00	05600	RADIOISOTOPE	41,918	0	41,918		56.00
57.00	05700	CT SCAN	84,723	0	84,723		57.00
58.00	05800	MRI	17,401	0	17,401		58.00
60.00	06000	LABORATORY	288,644	0	288,644		60.00
65.00	06500	RESPIRATORY THERAPY	69,226	0	69,226		65.00
66.00	06600	PHYSICAL THERAPY	147,426	0	147,426		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,782	0	2,782		67.00
68.00	06800	SPEECH PATHOLOGY	6,108	0	6,108		68.00
69.00	06900	ELECTROCARDIOLOGY	829,587	0	829,587		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,038	0	69,038		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,173	0	85,173		73.00
74.00	07400	RENAL DIALYSIS	5,123	0	5,123		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	44,599	0	44,599		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	28,541	0	28,541		90.00
91.00	09100	EMERGENCY	400,276	0	400,276		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART		0			92.00
		SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,829,104	0	4,829,104		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	27,882	0	27,882		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64,991	0	64,991		192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0		192.01
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	CHF CLINIC	0	0	0		194.00
194.01	07951	MARKETING	8,943	0	8,943		194.01
194.02	07953	SENIOR CIRCLE	18	0	18		194.02
194.03	07952	MOB	344,750	0	344,750		194.03
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)	5,275,688	0	5,275,688		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	525,290					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		525,260				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	0	55,656,087			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	75,817	75,817	7,022,330	-18,260,893	90,357,633	5.00
7.00	00700	OPERATION OF PLANT	62,353	62,353	2,290,283	0	6,724,774	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,863	12,863	345,385	0	1,113,306	8.00
9.00	00900	HOUSEKEEPING	0	0	1,624,236	0	2,349,534	9.00
10.00	01000	DIETARY	0	0	1,275,525	0	2,244,590	10.00
11.00	01100	CAFETERIA	25,328	25,328	0	-254,391	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	1,837,705	0	2,500,635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,144	6,144	861,596	0	1,643,995	14.00
15.00	01500	PHARMACY	3,836	3,836	2,002,728	0	2,628,090	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,322	4,322	771,371	0	2,053,294	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,558	82,558	7,131,919	0	10,234,781	30.00
31.00	03100	INTENSIVE CARE UNIT	14,534	14,534	2,882,955	0	3,998,947	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	786,721	0	1,499,269	40.00
43.00	04300	NURSERY	5,402	5,402	1,193,177	0	1,651,157	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,323	45,323	3,936,214	0	6,376,844	50.00
51.00	05100	RECOVERY ROOM	5,200	5,200	489,221	0	678,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,611	8,611	2,795,577	0	3,182,508	52.00
53.00	05300	ANESTHESIOLOGY	0	0	23,696	0	260,843	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,364	16,364	1,980,460	0	4,300,085	54.00
54.01	05401	ULTRASOUND	0	0	492,050	0	680,947	54.01
56.00	05600	RADIOISOTOPE	2,812	2,812	241,889	0	540,873	56.00
57.00	05700	CT SCAN	5,449	5,449	737,894	0	1,158,279	57.00
58.00	05800	MRI	1,040	1,010	207,516	0	352,599	58.00
60.00	06000	LABORATORY	16,180	16,180	2,501,772	0	6,061,743	60.00
65.00	06500	RESPIRATORY THERAPY	3,977	3,977	925,454	0	1,355,900	65.00
66.00	06600	PHYSICAL THERAPY	11,172	11,172	613,845	0	898,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	148,175	0	194,396	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	319,075	0	419,246	68.00
69.00	06900	ELECTROCARDIOLOGY	50,455	50,455	5,917,263	0	13,329,768	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	4,189,184	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	-3,002,488	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	569,004	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	3,432	3,432	131,727	0	200,785	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,160	2,160	127,488	0	183,609	90.00
91.00	09100	EMERGENCY	23,463	23,463	3,667,290	0	5,623,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	488,795	488,765	55,282,537	-21,517,772	89,199,407	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,330	2,330	0	0	26,214	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,332	5,332	2,276	0	64,872	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	371,274	0	775,425	194.01
194.02	07953	SENIOR CIRCLE	0	0	0	0	2,120	194.02
194.03	07952	MOB	28,833	28,833	0	0	289,595	194.03
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)	621,796	4,653,892	7,275,427		18,260,893	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1.183719	8.860168	0.130721		0.202096	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		761,497	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.008428	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT	387,120					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	12,863	1,265,255				8.00
9.00	00900	HOUSEKEEPING	0	32,790	374,257			9.00
10.00	01000	DIETARY	0	0	0	170,048		10.00
11.00	01100	CAFETERIA	25,328	13,089	25,328	50,327	60,619	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	1,970	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,144	58,112	6,144	0	1,625	14.00
15.00	01500	PHARMACY	3,836	0	3,836	0	2,450	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,322	0	4,322	0	1,573	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	82,558	275,138	82,558	97,987	11,264	30.00
31.00	03100	INTENSIVE CARE UNIT	14,534	69,919	14,534	11,418	3,484	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,278	1,378	40.00
43.00	04300	NURSERY	5,402	26,250	5,402	0	1,367	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	45,323	152,169	45,323	4	5,066	50.00
51.00	05100	RECOVERY ROOM	5,200	22,513	5,200	0	564	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,611	76,728	8,611	0	3,214	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	41	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,364	63,406	16,364	0	2,914	54.00
54.01	05401	ULTRASOUND	0	0	0	0	537	54.01
56.00	05600	RADIOISOTOPE	2,812	10,780	2,812	0	239	56.00
57.00	05700	CT SCAN	5,449	0	5,449	0	909	57.00
58.00	05800	MRI	1,040	0	1,040	0	234	58.00
60.00	06000	LABORATORY	16,180	73	16,180	0	4,157	60.00
65.00	06500	RESPIRATORY THERAPY	3,977	116	3,977	0	1,447	65.00
66.00	06600	PHYSICAL THERAPY	11,172	17,181	11,172	0	855	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	203	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	435	68.00
69.00	06900	ELECTROCARDIOLOGY	50,455	203,448	50,455	0	8,467	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	3,432	3,439	3,432	0	266	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,160	841	2,160	2,530	152	90.00
91.00	09100	EMERGENCY	23,463	230,905	23,463	2,488	5,333	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	350,625	1,256,897	337,762	170,032	60,144	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,330	0	2,330	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	5,332	8,358	5,332	16	7	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	CHF CLINIC	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	468	194.01
194.02	07953	SENIOR CIRCLE	0	0	0	0	0	194.02
194.03	07952	MOB	28,833	0	28,833	0	0	194.03
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)	8,083,824	1,606,906	2,866,009	2,698,213	1,792,427	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	20.881959	1.270025	7.657863	15.867361	29.568733	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	682,942	161,269	23,981	18,917	307,964	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.764161	0.127460	0.064076	0.111245	5.080321	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 11:13 am

		Cost Center Description	NURSING ADMINISTRATION (NURSING WAGES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			13.00	14.00	15.00	16.00		
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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
13.00	01300	NURSING ADMINISTRATION	30,008,702					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,485,647				14.00
15.00	01500	PHARMACY	0	89,428	3,002,488			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,166	0	547,726,893		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,131,919	487,981	0	41,554,749		30.00
31.00	03100	INTENSIVE CARE UNIT	2,882,955	295,270	0	9,504,786		31.00
40.00	04000	SUBPROVIDER - IPF	786,721	14,975	0	2,496,078		40.00
43.00	04300	NURSERY	1,193,177	91,034	0	10,636,125		43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,936,214	455,965	0	74,964,946		50.00
51.00	05100	RECOVERY ROOM	489,221	24,407	0	8,013,541		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,795,577	315,567	0	13,415,280		52.00
53.00	05300	ANESTHESIOLOGY	23,696	188,151	0	14,387,106		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	820,499	0	19,912,628		54.00
54.01	05401	ULTRASOUND	0	53,597	0	9,154,533		54.01
56.00	05600	RADIOISOTOPE	0	105,352	0	4,928,317		56.00
57.00	05700	CT SCAN	0	116,699	0	34,855,597		57.00
58.00	05800	MRI	0	17,374	0	7,447,279		58.00
60.00	06000	LABORATORY	0	1,829,379	0	87,578,916		60.00
65.00	06500	RESPIRATORY THERAPY	925,454	105,689	0	11,127,789		65.00
66.00	06600	PHYSICAL THERAPY	0	39,123	0	3,037,016		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,569	0	733,097		67.00
68.00	06800	SPEECH PATHOLOGY	0	21,857	0	1,568,899		68.00
69.00	06900	ELECTROCARDIOLOGY	5,917,263	5,514,697	0	47,933,687		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	4,120,110	0	46,205,409		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	3,002,488	31,725,801		73.00
74.00	07400	RENAL DIALYSIS	0	10,395	0	1,840,482		74.00
76.00	03020	ACUPUNCTURE	0	0	0	0		76.00
76.01	03021	SLEEP LAB	131,727	4,500	0	1,468,648		76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	127,488	2,677	0	287,632		90.00
91.00	09100	EMERGENCY	3,667,290	741,843	0	62,948,552		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	30,008,702	15,475,304	3,002,488	547,726,893		118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,756	0	0		192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0		192.01
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	CHF CLINIC	0	0	0	0		194.00
194.01	07951	MARKETING	0	4,587	0	0		194.01
194.02	07953	SENIOR CIRCLE	0	0	0	0		194.02
194.03	07952	MOB	0	0	0	0		194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,064,253	2,273,442	3,354,267	2,639,170		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.102112	0.146810	1.117162	0.004818		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	31,083	102,462	80,731	76,655		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.001036	0.006617	0.026888	0.000140		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,896,786		17,896,786	79,649	17,976,435	30.00
31.00	03100	INTENSIVE CARE UNIT	5,978,432		5,978,432	0	5,978,432	31.00
40.00	04000	SUBPROVIDER - IPF	2,021,317		2,021,317	0	2,021,317	40.00
43.00	04300	NURSERY	2,399,227		2,399,227	0	2,399,227	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,132,261		10,132,261	0	10,132,261	50.00
51.00	05100	RECOVERY ROOM	1,101,115		1,101,115	0	1,101,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,660,342		4,660,342	0	4,660,342	52.00
53.00	05300	ANESTHESIOLOGY	414,129		414,129	0	414,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,019,226		6,019,226	0	6,019,226	54.00
54.01	05401	ULTRASOUND	886,418		886,418	0	886,418	54.01
56.00	05600	RADIOISOTOPE	790,405		790,405	0	790,405	56.00
57.00	05700	CT SCAN	1,759,822		1,759,822	0	1,759,822	57.00
58.00	05800	MRI	498,890		498,890	0	498,890	58.00
60.00	06000	LABORATORY	8,562,328		8,562,328	8,919	8,571,247	60.00
65.00	06500	RESPIRATORY THERAPY	1,949,988	0	1,949,988	0	1,949,988	65.00
66.00	06600	PHYSICAL THERAPY	1,466,259	0	1,466,259	0	1,466,259	66.00
67.00	06700	OCCUPATIONAL THERAPY	243,447	0	243,447	0	243,447	67.00
68.00	06800	SPEECH PATHOLOGY	527,604	0	527,604	0	527,604	68.00
69.00	06900	ELECTROCARDIOLOGY	19,617,133		19,617,133	0	19,617,133	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,863,292		5,863,292	0	5,863,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,509,610		6,509,610	0	6,509,610	73.00
74.00	07400	RENAL DIALYSIS	694,390		694,390	0	694,390	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	76.00
76.01	03021	SLEEP LAB	372,733		372,733	0	372,733	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	342,865		342,865	0	342,865	90.00
91.00	09100	EMERGENCY	8,707,094		8,707,094	0	8,707,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,320,291		1,320,291		1,320,291	92.00
200.00		Subtotal (see instructions)	110,735,404	0	110,735,404	88,568	110,823,972	200.00
201.00		Less Observation Beds	1,320,291		1,320,291		1,320,291	201.00
202.00		Total (see instructions)	109,415,113	0	109,415,113	88,568	109,503,681	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,624,033		38,624,033			30.00
31.00	03100	INTENSIVE CARE UNIT	9,504,786		9,504,786			31.00
40.00	04000	SUBPROVIDER - IPF	2,496,078		2,496,078			40.00
43.00	04300	NURSERY	10,636,125		10,636,125			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,284,071	42,680,875	74,964,946	0.135160	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,072,151	3,941,390	8,013,541	0.137407	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,554,394	1,860,886	13,415,280	0.347391	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,674,759	8,712,347	14,387,106	0.028785	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,694,871	13,217,757	19,912,628	0.302282	0.000000	54.00
54.01	05401	ULTRASOUND	2,017,912	7,136,621	9,154,533	0.096828	0.000000	54.01
56.00	05600	RADIOISOTOPE	2,278,889	2,649,428	4,928,317	0.160380	0.000000	56.00
57.00	05700	CT SCAN	15,136,218	19,719,379	34,855,597	0.050489	0.000000	57.00
58.00	05800	MRI	3,866,834	3,580,445	7,447,279	0.066990	0.000000	58.00
60.00	06000	LABORATORY	55,972,471	31,606,445	87,578,916	0.097767	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,554,149	1,573,640	11,127,789	0.175236	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,631,655	1,405,361	3,037,016	0.482796	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	572,856	160,241	733,097	0.332080	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,377,638	191,261	1,568,899	0.336289	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,896,081	25,037,606	47,933,687	0.409256	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,866,883	20,338,526	46,205,409	0.126896	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,772,680	6,953,121	31,725,801	0.205183	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,832,408	8,074	1,840,482	0.377287	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	47,584	1,421,064	1,468,648	0.253793	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19,919	267,713	287,632	1.192027	0.000000	90.00
91.00	09100	EMERGENCY	16,597,571	46,350,981	62,948,552	0.138321	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	640,887	2,289,829	2,930,716	0.450501	0.000000	92.00
200.00		Subtotal (see instructions)	306,623,903	241,102,990	547,726,893			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	306,623,903	241,102,990	547,726,893			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio	
			11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS		
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.135160	50.00
51.00	05100	RECOVERY ROOM	0.137407	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347391	52.00
53.00	05300	ANESTHESIOLOGY	0.028785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302282	54.00
54.01	05401	ULTRASOUND	0.096828	54.01
56.00	05600	RADIOISOTOPE	0.160380	56.00
57.00	05700	CT SCAN	0.050489	57.00
58.00	05800	MRI	0.066990	58.00
60.00	06000	LABORATORY	0.097869	60.00
65.00	06500	RESPIRATORY THERAPY	0.175236	65.00
66.00	06600	PHYSICAL THERAPY	0.482796	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332080	67.00
68.00	06800	SPEECH PATHOLOGY	0.336289	68.00
69.00	06900	ELECTROCARDIOLOGY	0.409256	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126896	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205183	73.00
74.00	07400	RENAL DIALYSIS	0.377287	74.00
76.00	03020	ACUPUNCTURE	0.000000	76.00
76.01	03021	SLEEP LAB	0.253793	76.01
		OUTPATIENT SERVICE COST CENTERS		
90.00	09000	CLINIC	1.192027	90.00
91.00	09100	EMERGENCY	0.138321	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.450501	92.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 11:13 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	17,896,786		17,896,786	79,649	17,976,435	30.00
31.00	03100	INTENSIVE CARE UNIT	5,978,432		5,978,432	0	5,978,432	31.00
40.00	04000	SUBPROVIDER - IPF	2,021,317		2,021,317	0	2,021,317	40.00
43.00	04300	NURSERY	2,399,227		2,399,227	0	2,399,227	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,132,261		10,132,261	0	10,132,261	50.00
51.00	05100	RECOVERY ROOM	1,101,115		1,101,115	0	1,101,115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,660,342		4,660,342	0	4,660,342	52.00
53.00	05300	ANESTHESIOLOGY	414,129		414,129	0	414,129	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,019,226		6,019,226	0	6,019,226	54.00
54.01	05401	ULTRASOUND	886,418		886,418	0	886,418	54.01
56.00	05600	RADIOISOTOPE	790,405		790,405	0	790,405	56.00
57.00	05700	CT SCAN	1,759,822		1,759,822	0	1,759,822	57.00
58.00	05800	MRI	498,890		498,890	0	498,890	58.00
60.00	06000	LABORATORY	8,562,328		8,562,328	8,919	8,571,247	60.00
65.00	06500	RESPIRATORY THERAPY	1,949,988	0	1,949,988	0	1,949,988	65.00
66.00	06600	PHYSICAL THERAPY	1,466,259	0	1,466,259	0	1,466,259	66.00
67.00	06700	OCCUPATIONAL THERAPY	243,447	0	243,447	0	243,447	67.00
68.00	06800	SPEECH PATHOLOGY	527,604	0	527,604	0	527,604	68.00
69.00	06900	ELECTROCARDIOLOGY	19,617,133		19,617,133	0	19,617,133	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	5,863,292		5,863,292	0	5,863,292	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,509,610		6,509,610	0	6,509,610	73.00
74.00	07400	RENAL DIALYSIS	694,390		694,390	0	694,390	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	76.00
76.01	03021	SLEEP LAB	372,733		372,733	0	372,733	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	342,865		342,865	0	342,865	90.00
91.00	09100	EMERGENCY	8,707,094		8,707,094	0	8,707,094	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,320,291		1,320,291		1,320,291	92.00
200.00		Subtotal (see instructions)	110,735,404	0	110,735,404	88,568	110,823,972	200.00
201.00		Less Observation Beds	1,320,291		1,320,291		1,320,291	201.00
202.00		Total (see instructions)	109,415,113	0	109,415,113	88,568	109,503,681	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 11:13 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	38,624,033		38,624,033			30.00
31.00	03100	INTENSIVE CARE UNIT	9,504,786		9,504,786			31.00
40.00	04000	SUBPROVIDER - IPF	2,496,078		2,496,078			40.00
43.00	04300	NURSERY	10,636,125		10,636,125			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,284,071	42,680,875	74,964,946	0.135160	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,072,151	3,941,390	8,013,541	0.137407	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,554,394	1,860,886	13,415,280	0.347391	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	5,674,759	8,712,347	14,387,106	0.028785	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,694,871	13,217,757	19,912,628	0.302282	0.000000	54.00
54.01	05401	ULTRASOUND	2,017,912	7,136,621	9,154,533	0.096828	0.000000	54.01
56.00	05600	RADIOISOTOPE	2,278,889	2,649,428	4,928,317	0.160380	0.000000	56.00
57.00	05700	CT SCAN	15,136,218	19,719,379	34,855,597	0.050489	0.000000	57.00
58.00	05800	MRI	3,866,834	3,580,445	7,447,279	0.066990	0.000000	58.00
60.00	06000	LABORATORY	55,972,471	31,606,445	87,578,916	0.097767	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	9,554,149	1,573,640	11,127,789	0.175236	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,631,655	1,405,361	3,037,016	0.482796	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	572,856	160,241	733,097	0.332080	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,377,638	191,261	1,568,899	0.336289	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	22,896,081	25,037,606	47,933,687	0.409256	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	25,866,883	20,338,526	46,205,409	0.126896	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,772,680	6,953,121	31,725,801	0.205183	0.000000	73.00
74.00	07400	RENAL DIALYSIS	1,832,408	8,074	1,840,482	0.377287	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	47,584	1,421,064	1,468,648	0.253793	0.000000	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	19,919	267,713	287,632	1.192027	0.000000	90.00
91.00	09100	EMERGENCY	16,597,571	46,350,981	62,948,552	0.138321	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	640,887	2,289,829	2,930,716	0.450501	0.000000	92.00
200.00		Subtotal (see instructions)	306,623,903	241,102,990	547,726,893			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	306,623,903	241,102,990	547,726,893			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 11:13 am

Title XIX | Hospital | Cost

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.000000		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401	ULTRASOUND	0.000000		54.01
56.00	05600	RADIOISOTOPE	0.000000		56.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
60.00	06000	LABORATORY	0.000000		60.00
65.00	06500	RESPIRATORY THERAPY	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	0.000000		66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.01	03021	SLEEP LAB	0.000000		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	0.000000		90.00
91.00	09100	EMERGENCY	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.000000		92.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,186,019	0	1,186,019	30,839	38.46	30.00
31.00	INTENSIVE CARE UNIT	240,406		240,406	3,535	68.01	31.00
40.00	SUBPROVIDER - IPF	21,487	0	21,487	1,632	13.17	40.00
43.00	NURSERY	91,667		91,667	5,134	17.85	43.00
200.00	Total (lines 30-199)	1,539,579		1,539,579	41,140		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	12,722	489,288	30.00
31.00	INTENSIVE CARE UNIT	1,901	129,287	31.00
40.00	SUBPROVIDER - IPF	1,432	18,859	40.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	16,055	637,434	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	654,546	74,964,946	0.008731	12,582,627	109,859	50.00
51.00	05100	RECOVERY ROOM	74,977	8,013,541	0.009356	970,578	9,081	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,023	13,415,280	0.012077	89,470	1,081	52.00
53.00	05300	ANESTHESIOLOGY	5,690	14,387,106	0.000395	1,846,886	730	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,620	19,912,628	0.013138	3,868,113	50,819	54.00
54.01	05401	ULTRASOUND	10,104	9,154,533	0.001104	631,951	698	54.01
56.00	05600	RADIOISOTOPE	41,918	4,928,317	0.008506	1,140,096	9,698	56.00
57.00	05700	CT SCAN	84,723	34,855,597	0.002431	7,658,024	18,617	57.00
58.00	05800	MRI	17,401	7,447,279	0.002337	1,762,637	4,119	58.00
60.00	06000	LABORATORY	288,644	87,578,916	0.003296	25,568,802	84,275	60.00
65.00	06500	RESPIRATORY THERAPY	69,226	11,127,789	0.006221	4,962,473	30,872	65.00
66.00	06600	PHYSICAL THERAPY	147,426	3,037,016	0.048543	926,187	44,960	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,782	733,097	0.003795	328,923	1,248	67.00
68.00	06800	SPEECH PATHOLOGY	6,108	1,568,899	0.003893	385,090	1,499	68.00
69.00	06900	ELECTROCARDIOLOGY	829,587	47,933,687	0.017307	13,520,566	234,000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,038	46,205,409	0.001494	13,331,488	19,917	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,173	31,725,801	0.002685	10,989,967	29,508	73.00
74.00	07400	RENAL DIALYSIS	5,123	1,840,482	0.002784	1,275,594	3,551	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	44,599	1,468,648	0.030367	3,229	98	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28,541	287,632	0.099227	9,801	973	90.00
91.00	09100	EMERGENCY	400,276	62,948,552	0.006359	7,864,580	50,011	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	87,108	2,930,716	0.029722	516,923	15,364	92.00
200.00		Total (lines 50-199)	3,376,633	486,465,871		110,234,005	720,978	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	30,839	0.00	12,722	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,535	0.00	1,901	0		31.00
40.00	04000	SUBPROVIDER - IPF	1,632	0.00	1,432	0		40.00
43.00	04300	NURSERY	5,134	0.00	0	0		43.00
200.00		Total (lines 30-199)	41,140		16,055	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,964,946	0.000000	0.000000	12,582,627	50.00
51.00	05100	RECOVERY ROOM	0	8,013,541	0.000000	0.000000	970,578	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,415,280	0.000000	0.000000	89,470	52.00
53.00	05300	ANESTHESIOLOGY	0	14,387,106	0.000000	0.000000	1,846,886	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,912,628	0.000000	0.000000	3,868,113	54.00
54.01	05401	ULTRASOUND	0	9,154,533	0.000000	0.000000	631,951	54.01
56.00	05600	RADIOISOTOPE	0	4,928,317	0.000000	0.000000	1,140,096	56.00
57.00	05700	CT SCAN	0	34,855,597	0.000000	0.000000	7,658,024	57.00
58.00	05800	MRI	0	7,447,279	0.000000	0.000000	1,762,637	58.00
60.00	06000	LABORATORY	0	87,578,916	0.000000	0.000000	25,568,802	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,127,789	0.000000	0.000000	4,962,473	65.00
66.00	06600	PHYSICAL THERAPY	0	3,037,016	0.000000	0.000000	926,187	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	733,097	0.000000	0.000000	328,923	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,568,899	0.000000	0.000000	385,090	68.00
69.00	06900	ELECTROCARDIOLOGY	0	47,933,687	0.000000	0.000000	13,520,566	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	46,205,409	0.000000	0.000000	13,331,488	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,725,801	0.000000	0.000000	10,989,967	73.00
74.00	07400	RENAL DIALYSIS	0	1,840,482	0.000000	0.000000	1,275,594	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,468,648	0.000000	0.000000	3,229	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	287,632	0.000000	0.000000	9,801	90.00
91.00	09100	EMERGENCY	0	62,948,552	0.000000	0.000000	7,864,580	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,930,716	0.000000	0.000000	516,923	92.00
200.00		Total (lines 50-199)	0	486,465,871			110,234,005	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	18,259,757	0		50.00
51.00	05100	RECOVERY ROOM	0	1,175,619	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	3,013,788	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,427,071	0		54.00
54.01	05401	ULTRASOUND	0	527,775	0		54.01
56.00	05600	RADIOISOTOPE	0	933,845	0		56.00
57.00	05700	CT SCAN	0	5,031,660	0		57.00
58.00	05800	MRI	0	1,021,049	0		58.00
60.00	06000	LABORATORY	0	1,131,278	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	366,253	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	7,318	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,832,186	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	10,353,685	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,172,992	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	0	480,832	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	47,459	0		90.00
91.00	09100	EMERGENCY	0	6,158,828	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	1,090,235	0		92.00
200.00		Total (lines 50-199)	0	68,031,630	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.135160	18,259,757	20,520	0	2,467,989	50.00
51.00	05100	RECOVERY ROOM	0.137407	1,175,619	0	0	161,538	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347391	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028785	3,013,788	0	0	86,752	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302282	4,427,071	0	0	1,338,224	54.00
54.01	05401	ULTRASOUND	0.096828	527,775	0	0	51,103	54.01
56.00	05600	RADIOISOTOPE	0.160380	933,845	0	0	149,770	56.00
57.00	05700	CT SCAN	0.050489	5,031,660	0	0	254,043	57.00
58.00	05800	MRI	0.066990	1,021,049	0	0	68,400	58.00
60.00	06000	LABORATORY	0.097767	1,131,278	1,294	0	110,602	60.00
65.00	06500	RESPIRATORY THERAPY	0.175236	366,253	0	0	64,181	65.00
66.00	06600	PHYSICAL THERAPY	0.482796	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332080	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.336289	7,318	0	0	2,461	68.00
69.00	06900	ELECTROCARDIOLOGY	0.409256	11,832,186	0	0	4,842,393	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126896	10,353,685	903	0	1,313,841	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205183	2,172,992	0	26,845	445,861	73.00
74.00	07400	RENAL DIALYSIS	0.377287	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0.253793	480,832	0	0	122,032	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.192027	47,459	0	0	56,572	90.00
91.00	09100	EMERGENCY	0.138321	6,158,828	0	0	851,895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.450501	1,090,235	0	0	491,152	92.00
200.00		Subtotal (see instructions)		68,031,630	22,717	26,845	12,878,809	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		68,031,630	22,717	26,845	12,878,809	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,773	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	127	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	115	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,508		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.01	03021	SLEEP LAB	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	3,015	5,508		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	3,015	5,508		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	654,546	74,964,946	0.008731	6,359	56	50.00
51.00	05100	RECOVERY ROOM	74,977	8,013,541	0.009356	888	8	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	162,023	13,415,280	0.012077	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,690	14,387,106	0.000395	1,476	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	261,620	19,912,628	0.013138	21,626	284	54.00
54.01	05401	ULTRASOUND	10,104	9,154,533	0.001104	2,824	3	54.01
56.00	05600	RADIOISOTOPE	41,918	4,928,317	0.008506	1,982	17	56.00
57.00	05700	CT SCAN	84,723	34,855,597	0.002431	28,422	69	57.00
58.00	05800	MRI	17,401	7,447,279	0.002337	10,986	26	58.00
60.00	06000	LABORATORY	288,644	87,578,916	0.003296	150,045	495	60.00
65.00	06500	RESPIRATORY THERAPY	69,226	11,127,789	0.006221	16,377	102	65.00
66.00	06600	PHYSICAL THERAPY	147,426	3,037,016	0.048543	77,870	3,780	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,782	733,097	0.003795	21,809	83	67.00
68.00	06800	SPEECH PATHOLOGY	6,108	1,568,899	0.003893	4,302	17	68.00
69.00	06900	ELECTROCARDIOLOGY	829,587	47,933,687	0.017307	8,783	152	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	69,038	46,205,409	0.001494	3,980	6	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	85,173	31,725,801	0.002685	290,074	779	73.00
74.00	07400	RENAL DIALYSIS	5,123	1,840,482	0.002784	19,000	53	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	44,599	1,468,648	0.030367	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	28,541	287,632	0.099227	0	0	90.00
91.00	09100	EMERGENCY	400,276	62,948,552	0.006359	5,919	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,930,716	0.000000	0	0	92.00
200.00		Total (lines 50-199)	3,289,525	486,465,871		672,722	5,969	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,964,946	0.000000	0.000000	6,359	50.00
51.00	05100	RECOVERY ROOM	0	8,013,541	0.000000	0.000000	888	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,415,280	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	14,387,106	0.000000	0.000000	1,476	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	19,912,628	0.000000	0.000000	21,626	54.00
54.01	05401	ULTRASOUND	0	9,154,533	0.000000	0.000000	2,824	54.01
56.00	05600	RADIOISOTOPE	0	4,928,317	0.000000	0.000000	1,982	56.00
57.00	05700	CT SCAN	0	34,855,597	0.000000	0.000000	28,422	57.00
58.00	05800	MRI	0	7,447,279	0.000000	0.000000	10,986	58.00
60.00	06000	LABORATORY	0	87,578,916	0.000000	0.000000	150,045	60.00
65.00	06500	RESPIRATORY THERAPY	0	11,127,789	0.000000	0.000000	16,377	65.00
66.00	06600	PHYSICAL THERAPY	0	3,037,016	0.000000	0.000000	77,870	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	733,097	0.000000	0.000000	21,809	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,568,899	0.000000	0.000000	4,302	68.00
69.00	06900	ELECTROCARDIOLOGY	0	47,933,687	0.000000	0.000000	8,783	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	46,205,409	0.000000	0.000000	3,980	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	31,725,801	0.000000	0.000000	290,074	73.00
74.00	07400	RENAL DIALYSIS	0	1,840,482	0.000000	0.000000	19,000	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,468,648	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	287,632	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	62,948,552	0.000000	0.000000	5,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,930,716	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	486,465,871			672,722	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	415	0		54.00
54.01	05401	ULTRASOUND	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
60.00	06000	LABORATORY	0	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00		Total (lines 50-199)	0	415	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.135160	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.137407	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347391	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028785	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302282	415	0	0	125	54.00
54.01	05401	ULTRASOUND	0.096828	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.160380	0	0	0	0	56.00
57.00	05700	CT SCAN	0.050489	0	0	0	0	57.00
58.00	05800	MRI	0.066990	0	0	0	0	58.00
60.00	06000	LABORATORY	0.097767	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.175236	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.482796	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332080	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.336289	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.409256	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126896	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205183	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.377287	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0.253793	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1.192027	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.138321	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.450501	0	0	0	0	92.00
200.00		Subtotal (see instructions)		415	0	0	125	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		415	0	0	125	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401	ULTRASOUND	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0		56.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MRI	0	0		58.00
60.00	06000	LABORATORY	0	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.01	03021	SLEEP LAB	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	30,839	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	30,839	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)	28,574	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)	12,722	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	17,976,435	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)	17,976,435	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	17,976,435	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	582.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	7,415,781	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)	7,415,781	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	5,978,432	3,535	1,691.21	1,901	3,214,990	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	19,188,707	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	29,819,478	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)	618,575	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	720,978	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,339,553	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	28,479,925	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	2,265	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	582.91	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,320,291	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,186,019	17,976,435	0.065976	1,320,291	87,108	90.00
91.00	Nursing School cost	0	17,976,435	0.000000	1,320,291	0	91.00
92.00	Allied health cost	0	17,976,435	0.000000	1,320,291	0	92.00
93.00	All other Medical Education	0	17,976,435	0.000000	1,320,291	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140118 Component CCN: 14S118	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 11:13 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,632	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,632	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)	1,632	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	1,432	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	2,021,317	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)	2,021,317	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	2,021,317	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	1,238.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,773,604	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,773,604	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	145,765	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,919,369	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)	18,859	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	5,969	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	24,828	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,894,541	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	0	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1

Component CCN: 14S118 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	21,487	2,021,317	0.010630	0	0	90.00
91.00	Nursing School cost	0	2,021,317	0.000000	0	0	91.00
92.00	Allied health cost	0	2,021,317	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,021,317	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		16,994,483		30.00
31.00	03100	INTENSIVE CARE UNIT		5,113,875		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.135160	12,582,627	1,700,668	50.00
51.00	05100	RECOVERY ROOM	0.137407	970,578	133,364	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347391	89,470	31,081	52.00
53.00	05300	ANESTHESIOLOGY	0.028785	1,846,886	53,163	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302282	3,868,113	1,169,261	54.00
54.01	05401	ULTRASOUND	0.096828	631,951	61,191	54.01
56.00	05600	RADIOISOTOPE	0.160380	1,140,096	182,849	56.00
57.00	05700	CT SCAN	0.050489	7,658,024	386,646	57.00
58.00	05800	MRI	0.066990	1,762,637	118,079	58.00
60.00	06000	LABORATORY	0.097869	25,568,802	2,502,393	60.00
65.00	06500	RESPIRATORY THERAPY	0.175236	4,962,473	869,604	65.00
66.00	06600	PHYSICAL THERAPY	0.482796	926,187	447,159	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332080	328,923	109,229	67.00
68.00	06800	SPEECH PATHOLOGY	0.336289	385,090	129,502	68.00
69.00	06900	ELECTROCARDIOLOGY	0.409256	13,520,566	5,533,373	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126896	13,331,488	1,691,713	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205183	10,989,967	2,254,954	73.00
74.00	07400	RENAL DIALYSIS	0.377287	1,275,594	481,265	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.253793	3,229	819	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.192027	9,801	11,683	90.00
91.00	09100	EMERGENCY	0.138321	7,864,580	1,087,837	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.450501	516,923	232,874	92.00
200.00		Total (sum of lines 50-94 and 96-98)		110,234,005	19,188,707	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		110,234,005		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		2,148,000		40.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.135160	6,359	859	50.00
51.00	05100	RECOVERY ROOM	0.137407	888	122	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.347391	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028785	1,476	42	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.302282	21,626	6,537	54.00
54.01	05401	ULTRASOUND	0.096828	2,824	273	54.01
56.00	05600	RADIOISOTOPE	0.160380	1,982	318	56.00
57.00	05700	CT SCAN	0.050489	28,422	1,435	57.00
58.00	05800	MRI	0.066990	10,986	736	58.00
60.00	06000	LABORATORY	0.097869	150,045	14,685	60.00
65.00	06500	RESPIRATORY THERAPY	0.175236	16,377	2,870	65.00
66.00	06600	PHYSICAL THERAPY	0.482796	77,870	37,595	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.332080	21,809	7,242	67.00
68.00	06800	SPEECH PATHOLOGY	0.336289	4,302	1,447	68.00
69.00	06900	ELECTROCARDIOLOGY	0.409256	8,783	3,594	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.126896	3,980	505	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.205183	290,074	59,518	73.00
74.00	07400	RENAL DIALYSIS	0.377287	19,000	7,168	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.253793	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	1.192027	0	0	90.00
91.00	09100	EMERGENCY	0.138321	5,919	819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.450501	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		672,722	145,765	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0		201.00
202.00		Net Charges (line 200 minus line 201)		672,722		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		0	1.00	2.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0		1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		20,911,372		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		6,970,457		1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0		1.03
2.00	Outlier payments for discharges. (see instructions)		824,686		2.00
2.01	Outlier reconciliation amount		0		2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0		2.02
3.00	Managed Care Simulated Payments		4,475,337		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		281.79		4.00
	Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000		27.00
28.00	IME add-on adjustment amount (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
	Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.76		30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.64		31.00
32.00	Sum of lines 30 and 31		40.40		32.00
33.00	Allowable disproportionate share percentage (see instructions)		22.55		33.00
34.00	Disproportionate share adjustment (see instructions)		5,108,474		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000413893	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,744,229	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			943,752	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		943,752		36.00
	Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		3,385		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		521		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		15.39		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		2,789		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.764738		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		435.60		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		173,556		46.00
47.00	Subtotal (see instructions)		34,932,297		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)		34,932,297		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,411,085		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		8,172		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		37,351,554		59.00
60.00	Primary payer payments		3,078		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		37,348,476		61.00
62.00	Deductibles billed to program beneficiaries		2,770,820		62.00
63.00	Coinsurance billed to program beneficiaries		165,993		63.00
64.00	Allowable bad debts (see instructions)		769,872		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		500,417		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		769,872		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,912,080		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)		99,475		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-308,976		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	0		70.97
70.98	Low Volume Payment-3		0		70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 11:13 am
	Title XVIII	Hospital	PPS

			Prior to October 1	On/After October 1	
		0	1.00	2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,702,579		71.00
71.01	Sequestration adjustment (see instructions)		524,009		71.01
72.00	Interim payments		33,166,112		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		1,012,458		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		2,022,828		75.00
	TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/30/2014 11:13 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	8,523	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	12,878,809	2.00
3.00	PPS payments	10,763,251	3.00
4.00	Outlier payment (see instructions)	84,860	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	8,523	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	49,562	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)	49,562	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	49,562	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	41,039	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)	8,523	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)	10,848,111	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	4,285	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	2,192,871	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)	8,659,478	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	8,659,478	30.00
31.00	Primary payer payments	169	31.00
32.00	Subtotal (line 30 minus line 31)	8,659,309	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	557,625	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	362,456	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	557,625	36.00
37.00	Subtotal (see instructions)	9,021,765	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	9,021,765	40.00
40.01	Sequestration adjustment (see instructions)	136,229	40.01
41.00	Interim payments	8,764,098	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	121,438	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140118 Component CCN: 14S118	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/30/2014 11:13 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	125	2.00
3.00	PPS payments	46	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0	14.00
	Customary charges		
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000	17.00
18.00	Total customary charges (see instructions)	0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0	21.00
22.00	Interns and residents (see instructions)	0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	46	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	9	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)	37	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	37	30.00
31.00	Primary payer payments	0	31.00
32.00	Subtotal (line 30 minus line 31)	37	32.00
	ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
33.00	Composite rate ESRD (from Worksheet I-5, line 11)	0	33.00
34.00	Allowable bad debts (see instructions)	0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	36.00
37.00	Subtotal (see instructions)	37	37.00
38.00	MSP-LCC reconciliation amount from PS&R	0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	Partial or full credits received from manufacturers for replaced devices (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (see instructions)	37	40.00
40.01	Sequestration adjustment (see instructions)	1	40.01
41.00	Interim payments	37	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-1	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	44.00
	TO BE COMPLETED BY CONTRACTOR		
90.00	Original outlier amount (see instructions)	0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)	0	91.00
92.00	The rate used to calculate the Time Value of Money	0.00	92.00
93.00	Time Value of Money (see instructions)	0	93.00
94.00	Total (sum of lines 91 and 93)	0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		33,465,617		8,911,387	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	08/06/2013	299,505	08/06/2013	147,289	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)		-299,505		-147,289	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)		33,166,112		8,764,098	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		1,012,458		121,438	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		34,178,570		8,885,536	7.00

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140118 | Component CCN: 14S118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Subprovider - IPF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,194,158		37	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,194,158		37	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		5,885		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		1	6.02
7.00	Total Medicare program liability (see instructions)		1,200,043		36	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: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/30/2014 11:13 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	9,027	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	14,623	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	2,371	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	32,109	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	547,726,893	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	8,038,972	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)	960,406	8.00
9.00	Sequestration adjustment amount (see instructions)	19,208	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	941,198	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	973,855	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)	-32,657	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140118 Component CCN: 14S118	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/30/2014 11:13 am
	Title XVIII	Subprovider - IPF	PPS

		1.00	
	PART II - MEDICARE PART A SERVICES - IPF PPS		
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	1,304,577	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	4.471233	9.00
10.00	Teaching Adjustment Factor {((1 + (line 8/line 9)) raised to the power of .5150 -1}.	0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	1,304,577	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)		14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	1,304,577	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	1,304,577	18.00
19.00	Deductibles	68,672	19.00
20.00	Subtotal (line 18 minus line 19)	1,235,905	20.00
21.00	Coinsurance	17,464	21.00
22.00	Subtotal (line 20 minus line 21)	1,218,441	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	1,218,441	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	1,218,441	31.00
31.01	Sequestration adjustment (see instructions)	18,398	31.01
32.00	Interim payments	1,194,158	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33	5,885	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G | Date/Time Prepared: 5/30/2014 11:13 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-150,828	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	37,535,984	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,240,487	0	0	0	6.00
7.00	Inventory	4,147,024	0	0	0	7.00
8.00	Prepaid expenses	1,475,015	0	0	0	8.00
9.00	Other current assets	4,616,405	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,383,113	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	2,610,000	0	0	0	12.00
13.00	Land improvements	2,404,000	0	0	0	13.00
14.00	Accumulated depreciation	-853,233	0	0	0	14.00
15.00	Buildings	23,308,662	0	0	0	15.00
16.00	Accumulated depreciation	-1,907,671	0	0	0	16.00
17.00	Leasehold improvements	4,601,924	0	0	0	17.00
18.00	Accumulated depreciation	-162,504	0	0	0	18.00
19.00	Fixed equipment	1,545,400	0	0	0	19.00
20.00	Accumulated depreciation	-346,171	0	0	0	20.00
21.00	Automobiles and trucks	21,120	0	0	0	21.00
22.00	Accumulated depreciation	-9,680	0	0	0	22.00
23.00	Major movable equipment	13,332,404	0	0	0	23.00
24.00	Accumulated depreciation	-4,039,940	0	0	0	24.00
25.00	Minor equipment depreciable	5,165,185	0	0	0	25.00
26.00	Accumulated depreciation	-1,412,152	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)	44,257,344	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	3,347,079	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,347,079	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	81,987,536	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	17,379,083	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,410,379	0	0	0	38.00
39.00	Payroll taxes payable	1,024,723	0	0	0	39.00
40.00	Notes and loans payable (short term)	237,436	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	62,400,916	0	0	0	43.00
44.00	Other current liabilities	4,529,139	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	91,981,676	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	48,858	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	28,087	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	76,945	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	92,058,621	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	-10,071,085				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)	-10,071,085	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	81,987,536	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-1 | Date/Time Prepared: 5/30/2014 11:13 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		-1,638,425		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-8,432,658				2.00
3.00	Total (sum of line 1 and line 2)		-10,071,083		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		-10,071,083		0		11.00
12.00	ROUNDING	2		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		2		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		-10,071,085		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	Additions (credit adjustments) (specify)		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	ROUNDING		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: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2014 11:13 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	32,634,083		32,634,083	1.00
2.00	SUBPROVIDER - IPF	2,496,078		2,496,078	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	35,130,161		35,130,161	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	9,855,606		9,855,606	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	9,855,606		9,855,606	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	44,985,767		44,985,767	17.00
18.00	Ancillary services	242,773,767	192,136,975	434,910,742	18.00
19.00	Outpatient services	17,575,283	50,255,101	67,830,384	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	305,334,817	242,392,076	547,726,893	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		159,201,918		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		159,201,918		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140118	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/30/2014 11:13 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	547,726,893	1.00
2.00	Less contractual allowances and discounts on patients' accounts	399,705,820	2.00
3.00	Net patient revenues (line 1 minus line 2)	148,021,073	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	159,201,918	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,180,845	5.00
	OTHER INCOME		
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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	2,748,187	24.00
25.00	Total other income (sum of lines 6-24)	2,748,187	25.00
26.00	Total (line 5 plus line 25)	-8,432,658	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-8,432,658	29.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 140118 | Period: From 01/01/2013 To 12/31/2013 | Worksheet L Parts I-III Date/Time Prepared: 5/30/2014 11:13 am

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	2,219,876	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	2,076	2.00
2.01	Model 4 BPCI Capital DRG outlier payments	0	2.01
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	87.97	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	6.76	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	33.64	8.00
9.00	Sum of lines 7 and 8	40.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)	8.52	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	189,133	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	2,411,085	12.00
		1.00	
	PART II - PAYMENT UNDER REASONABLE COST		
1.00	Program inpatient routine capital cost (see instructions)	0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)	0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)	0	3.00
4.00	Capital cost payment factor (see instructions)	0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)	0	5.00
		1.00	
	PART III - COMPUTATION OF EXCEPTION PAYMENTS		
1.00	Program inpatient capital costs (see instructions)	0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)	0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)	0	3.00
4.00	Applicable exception percentage (see instructions)	0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)	0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)	0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)	0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)	0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)	0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)	0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)	0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)	0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)	0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)	0	14.00
15.00	Current year allowable operating and capital payment (see instructions)	0	15.00
16.00	Current year operating and capital costs (see instructions)	0	16.00
17.00	Current year exception offset amount (see instructions)	0	17.00