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: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/30/2014 3:31 pm

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2014 Time: 3:31 pm
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by GATEWAY REGIONAL (140125) 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	85,494	-13,074	-41,982	0	1.00
2.00	Subprovider - IPF	0	-7,810	0		0	2.00
3.00	Subprovider - IRF	0	-16,138	0		0	3.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
7.00	SKILLED NURSING FACILITY	0	3,317	0		0	7.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
200.00	Total	0	64,863	-13,074	-41,982	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 2100 MADISON AVE	PO Box:			1.00
2.00	City: GRANITE CITY	State: IL	Zip Code: 62040	County: MADISON	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	GATEWAY REGIONAL	140125	41180	1	07/01/1969	N	P	P	3.00
4.00	Subprovider - IPF	PSYCH DPU	14S125	41180	4	01/01/1984	N	P	P	4.00
5.00	Subprovider - IRF	REHAB DPU	14T125	41180	5	12/31/2001	N	P	P	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	HOSPITAL BASED SNF	145562	41180		05/23/1986	N	P	P	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	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)			22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,784	2,372	202	46	640	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.	112	31	0	0	3		25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2014 12:03 pm

		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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

		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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

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

		1.00	2.00	3.00	
	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		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have 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)	N	N	0	76.00

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

		V	XIX	
		1.00	2.00	
	Title V and XIX Services			
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N	92.00
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	95.00
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

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	162,727	833,488	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.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	449008	140.00

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	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name: COMMUNITY HEALTH SYSTEMS, INC.	Contractor's Name: WPS	Contractor's Number: 10301	141.00
142.00	Street: 4000 MERIDIAN BOULEVARD	PO Box: 52280		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)	0.75	169.00

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	10/01/2012	09/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2014 12:03 pm

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

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

		Y/N	Type	Date	
		1.00	2.00	3.00	
	Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	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.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		Y	05/13/2014	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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2014 12:03 pm

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions				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?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N	12/31/2012	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.	DAWN	GIBSON	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 3460	DAWN_GIBSON@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-2 Part II | Date/Time Prepared: 5/30/2014 12:03 pm

		Part B Date			
		4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	04/01/2014			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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2014 12:03 pm

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	297	108,405	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)		297	108,405	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	12	4,380	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)		309	112,785	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	17	6,205		0	16.00
17.00	SUBPROVIDER - IRF	41.00	14	5,110		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	19	6,935		0	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	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)		359				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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	8,080	9,807	27,895			1.00
2.00	HMO and other (see instructions)	2,435	640				2.00
3.00	HMO IPF Subprovider	185	0				3.00
4.00	HMO IRF Subprovider	0	3				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	8,080	9,807	27,895			7.00
8.00	INTENSIVE CARE UNIT	947	119	1,910			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		478	551			13.00
14.00	Total (see instructions)	9,027	10,404	30,356	0.00	554.57	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	2,710	844	4,680	0.00	17.68	16.00
17.00	SUBPROVIDER - IRF	874	143	1,102	0.00	7.61	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	1,867	0	2,578	0.00	11.89	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	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	591.75	27.00
28.00	Observation Bed Days		0	1,084			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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,777	1,831	6,203	1.00
2.00	HMO and other (see instructions)			491			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	1,777	1,831	6,203	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	281	85	514	16.00
17.00	SUBPROVIDER - IRF	0.00	0	65	11	83	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	0.00					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	0.00					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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2014 12:03 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	32,992,642	0	32,992,642	1,230,825.00	26.81	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		0	0	0	0.00	0.00	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	600,617	0	600,617	24,735.00	24.28	9.00
10.00	Excluded area salaries (see instructions)		1,454,614	124,287	1,578,901	61,618.00	25.62	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		154,155	0	154,155	3,348.50	46.04	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		185,300	0	185,300	1,222.00	151.64	13.00
14.00	Home office salaries & wage-related costs		2,184,236	0	2,184,236	38,573.00	56.63	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)		7,320,703	0	7,320,703			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		546,269	0	546,269			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		0	0	0			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	199,893	0	199,893	6,583.00	30.37	26.00
27.00	Administrative & General	5.00	4,777,865	174,721	4,952,586	186,366.00	26.57	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	746,308	0	746,308	32,709.00	22.82	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	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	1,890,571	0	1,890,571	52,162.00	36.24	38.00
39.00	Central Services and Supply	14.00	262,589	0	262,589	16,124.00	16.29	39.00
40.00	Pharmacy	15.00	1,550,077	0	1,550,077	42,284.00	36.66	40.00
41.00	Medical Records & Medical Records Library	16.00	747,598	0	747,598	43,699.00	17.11	41.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2014 12:03 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part III Date/Time Prepared: 5/30/2014 12:03 pm

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		32,992,642	0	32,992,642	1,230,825.00	26.81	1.00
2.00	Excluded area salaries (see instructions)		2,055,231	124,287	2,179,518	86,353.00	25.24	2.00
3.00	Subtotal salaries (line 1 minus line 2)		30,937,411	-124,287	30,813,124	1,144,472.00	26.92	3.00
4.00	Subtotal other wages & related costs (see inst.)		2,523,691	0	2,523,691	43,143.50	58.50	4.00
5.00	Subtotal wage-related costs (see inst.)		7,320,703	0	7,320,703	0.00	23.76	5.00
6.00	Total (sum of lines 3 thru 5)		40,781,805	-124,287	40,657,518	1,187,615.50	34.23	6.00
7.00	Total overhead cost (see instructions)		10,174,901	174,721	10,349,622	379,927.00	27.24	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part IV Date/Time Prepared: 5/30/2014 12:03 pm

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	707,333	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)	3,474,170	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	47,598	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	28,542	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	20,089	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	860,712	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	1,958,042	17.00
18.00	Medicare Taxes - Employers Portion Only	457,929	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	312,558	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	87,793	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,954,766	24.00
	Part B - Other than Core Related Cost		
25.00	MISC	291,958	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-3 Part V | Date/Time Prepared: 5/30/2014 12:03 pm

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	405,743	0	1.00
2.00	Hospital	405,743	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	0	0	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

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-7 | Date/Time Prepared: 5/30/2014 12:03 pm

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	14	0	14	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	9	0	9	8.00
9.00		RMX	0	0	0	9.00
10.00		RML	0	0	0	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	8	0	8	14.00
15.00		RVC	36	0	36	15.00
16.00		RVB	321	0	321	16.00
17.00		RVA	44	0	44	17.00
18.00		RHC	111	0	111	18.00
19.00		RHB	497	0	497	19.00
20.00		RHA	85	0	85	20.00
21.00		RMC	79	0	79	21.00
22.00		RMB	218	0	218	22.00
23.00		RMA	101	0	101	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	14	0	14	28.00
29.00		HE2	0	0	0	29.00
30.00		HE1	0	0	0	30.00
31.00		HD2	0	0	0	31.00
32.00		HD1	4	0	4	32.00
33.00		HC2	6	0	6	33.00
34.00		HC1	21	0	21	34.00
35.00		HB2	0	0	0	35.00
36.00		HB1	42	0	42	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	19	0	19	38.00
39.00		LD2	0	0	0	39.00
40.00		LD1	0	0	0	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	4	0	4	42.00
43.00		LB2	0	0	0	43.00
44.00		LB1	0	0	0	44.00
45.00		CE2	0	0	0	45.00
46.00		CE1	0	0	0	46.00
47.00		CD2	0	0	0	47.00
48.00		CD1	33	0	33	48.00
49.00		CC2	0	0	0	49.00
50.00		CC1	96	0	96	50.00
51.00		CB2	0	0	0	51.00
52.00		CB1	13	0	13	52.00
53.00		CA2	0	0	0	53.00
54.00		CA1	58	0	58	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	0	0	0	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-7 | Date/Time Prepared: 5/30/2014 12:03 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	12	0	12	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	3	0	3	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	19	0	19	199.00
200.00	TOTAL		1,867	0	1,867	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	41180	41180	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	5,591,476			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet S-10 | Date/Time Prepared: 5/30/2014 12:03 pm

		1.00	
	Uncompensated and indigent care cost computation		
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)	0.106728	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	16,828,949	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?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	1,235,896	5.00
6.00	Medicaid charges	173,333,524	6.00
7.00	Medicaid cost (line 1 times line 6)	18,499,540	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)	434,695	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	337,889	9.00
10.00	Stand-alone SCHIP charges	349,312	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	37,281	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	200,000	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	28,985	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	434,695	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	30,696,478	366,923	31,063,401	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,276,174	39,161	3,315,335	21.00
22.00	Partial payment by patients approved for charity care	1,099	658	1,757	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,275,075	38,503	3,313,578	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)	14,921,082	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,220,329	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	13,700,753	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	1,462,254	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	4,775,832	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	5,210,527	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,752,501	2,752,501	-342,290	2,410,211	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		4,019,974	4,019,974	1,305,658	5,325,632	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	199,893	238,882	438,775	5,400,133	5,838,908	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	4,777,865	56,009,575	60,787,440	-5,092,312	55,695,128	5.00
7.00	00700	OPERATION OF PLANT	746,308	2,986,787	3,733,095	-71	3,733,024	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	351,714	351,714	0	351,714	8.00
9.00	00900	HOUSEKEEPING	0	2,195,857	2,195,857	0	2,195,857	9.00
10.00	01000	DIETARY	0	1,576,776	1,576,776	-10,254	1,566,522	10.00
11.00	01100	CAFETERIA	0	0	0	10,254	10,254	11.00
13.00	01300	NURSING ADMINISTRATION	1,890,571	521,157	2,411,728	-233,992	2,177,736	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	262,589	88,741	351,330	131,052	482,382	14.00
15.00	01500	PHARMACY	1,550,077	2,300,144	3,850,221	-1,979,676	1,870,545	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	747,598	494,442	1,242,040	0	1,242,040	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,399,609	2,953,199	10,352,808	40,540	10,393,348	30.00
31.00	03100	INTENSIVE CARE UNIT	1,107,628	320,087	1,427,715	0	1,427,715	31.00
40.00	04000	SUBPROVIDER - IPF	991,217	324,867	1,316,084	0	1,316,084	40.00
41.00	04100	SUBPROVIDER - IRF	432,486	168,418	600,904	0	600,904	41.00
43.00	04300	NURSERY	217,180	72,872	290,052	-101,190	188,862	43.00
44.00	04400	SKILLED NURSING FACILITY	600,617	219,545	820,162	0	820,162	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,052,414	5,893,158	7,945,572	-3,609,026	4,336,546	50.00
51.00	05100	RECOVERY ROOM	242,995	40,035	283,030	0	283,030	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	400,363	96,238	496,601	60,650	557,251	52.00
53.00	05300	ANESTHESIOLOGY	0	1,066,675	1,066,675	0	1,066,675	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	894,732	883,843	1,778,575	720,193	2,498,768	54.00
54.01	05401	ULTRA-SOUND	99,742	37,211	136,953	-136,953	0	54.01
56.00	05600	RADIOISOTOPE	68,595	93,871	162,466	-162,466	0	56.00
57.00	05700	CT SCAN	254,393	176,043	430,436	-430,436	0	57.00
58.00	05800	MRI	101,776	277,403	379,179	-379,179	0	58.00
60.00	06000	LABORATORY	2,190,802	1,805,757	3,996,559	-1,187,060	2,809,499	60.00
65.00	06500	RESPIRATORY THERAPY	726,366	282,246	1,008,612	-105,396	903,216	65.00
66.00	06600	PHYSICAL THERAPY	816,177	88,446	904,623	330,439	1,235,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	226,735	20,489	247,224	-247,224	0	67.00
68.00	06800	SPEECH PATHOLOGY	77,775	6,239	84,014	-84,014	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,218,043	1,435,975	2,654,018	-556,028	2,097,990	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,637,246	1,637,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,062,302	2,062,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,793,756	1,793,756	73.00
74.00	07400	RENAL DIALYSIS	0	232,282	232,282	0	232,282	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	184,461	48,259	232,720	-2,412	230,308	76.01
76.02	03022	PSYCH SERVICES	368,449	276,008	644,457	-375,044	269,413	76.02
76.03	03023	WOUND CARE	122,019	524,367	646,386	-219	646,167	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	-6,093	2,645	-3,448	3,448	0	88.00
90.00	09000	CLINIC	0	0	0	1,056,681	1,056,681	90.00
91.00	09100	EMERGENCY	1,998,349	1,519,781	3,518,130	-242	3,517,888	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,961,731	92,402,509	125,364,240	-483,132	124,881,108	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	268,913	268,913	-53,080	215,833	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	0	0	0	446,758	446,758	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	30,911	19,124	50,035	89,454	139,489	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	0	560	560	0	560	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
200.00		TOTAL (SUM OF LINES 118-199)	32,992,642	92,691,106	125,683,748	0	125,683,748	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	780,957	3,191,168		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-447,665	4,877,967		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-1,866	5,837,042		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-43,538,520	12,156,608		5.00
7.00	00700	OPERATION OF PLANT	-25,160	3,707,864		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	351,714		8.00
9.00	00900	HOUSEKEEPING	0	2,195,857		9.00
10.00	01000	DIETARY	0	1,566,522		10.00
11.00	01100	CAFETERIA	0	10,254		11.00
13.00	01300	NURSING ADMINISTRATION	-50	2,177,686		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	482,382		14.00
15.00	01500	PHARMACY	0	1,870,545		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,079	1,238,961		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,182,449	9,210,899		30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,427,715		31.00
40.00	04000	SUBPROVIDER - IPF	-57,577	1,258,507		40.00
41.00	04100	SUBPROVIDER - IRF	-8,000	592,904		41.00
43.00	04300	NURSERY	0	188,862		43.00
44.00	04400	SKILLED NURSING FACILITY	0	820,162		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	4,336,546		50.00
51.00	05100	RECOVERY ROOM	0	283,030		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	557,251		52.00
53.00	05300	ANESTHESIOLOGY	-964,808	101,867		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-636	2,498,132		54.00
54.01	05401	ULTRA-SOUND	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	2,809,499		60.00
65.00	06500	RESPIRATORY THERAPY	0	903,216		65.00
66.00	06600	PHYSICAL THERAPY	0	1,235,062		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	2,097,990		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,637,246		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,062,302		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,793,756		73.00
74.00	07400	RENAL DIALYSIS	0	232,282		74.00
76.00	03020	ACUPUNCTURE	0	0		76.00
76.01	03021	SLEEP LAB	0	230,308		76.01
76.02	03022	PSYCH SERVICES	-193,477	75,936		76.02
76.03	03023	WOUND CARE	0	646,167		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	-23,635	1,033,046		90.00
91.00	09100	EMERGENCY	-693,578	2,824,310		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				92.00
		SPECIAL PURPOSE COST CENTERS				
118.00		SUBTOTALS (SUM OF LINES 1-117)	-46,359,543	78,521,565		118.00
		NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	215,833		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0		194.00
194.01	07951	OTHER NONREIMB - MARKETING	0	446,758		194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	0	139,489		194.02
194.03	07953	VNA	0	0		194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0		194.04
194.05	07958	FREE STANDING HHA	0	560		194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0		194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0		194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0		194.08
200.00		TOTAL (SUM OF LINES 118-199)	-46,359,543	79,324,205		200.00

RECLASSIFICATIONS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 12:03 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RECLASS OF EMPLOYEE BENEFITS				
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	5,400,133	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		0	5,400,133	
	B - RECLASS OF OXYGEN COSTS				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	79,734	1.00
	TOTALS		0	79,734	
	C - RECLASS OF RENTAL AND LEASE EXPENSES				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	76,737	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,293,407	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
	TOTALS		0	1,370,144	
	D - RECLASS OF OTHER CAPITAL COSTS				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	199,735	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	406,776	2.00
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	12,251	3.00
	TOTALS		0	618,762	
	E - RECLASS OF MARKETING DEPARTMENTS				
1.00	OTHER NONREIMB - MARKETING	194.01	53,139	393,619	1.00
	TOTALS		53,139	393,619	
	F - RECLASS OF MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,557,512	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,062,302	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	186,172	3.00
	TOTALS		0	3,805,986	
	G - RECLASS OF COST OF DRUGS/IV SOLUTION				
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,793,756	1.00
	TOTALS		0	1,793,756	
	H - RECLASS OF PT, OT, AND SP COSTS				
1.00	PHYSICAL THERAPY	66.00	304,510	26,728	1.00
2.00		0.00	0	0	2.00
	TOTALS		304,510	26,728	
	I - RECLASS OF MISC DEPARTMENTS				
1.00	ADMINISTRATIVE & GENERAL	5.00	227,860	58,529	1.00
2.00	OTHER NONREIMB - SENIOR CIRCLE	194.02	71,148	18,306	2.00
	TOTALS		299,008	76,835	
	J - RECLASS OF OTHER RADIOLOGY COSTS				
1.00	RADIOLOGY-DIAGNOSTIC	54.00	524,506	343,009	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		524,506	343,009	
	K - RECLASS OF A PORTION OF DIETARY COST				
1.00	CAFETERIA	11.00	0	10,254	1.00
	TOTALS		0	10,254	
	L - RECLASS OF CLINIC COSTS				
1.00	CLINIC	90.00	736,013	320,668	1.00
2.00	RURAL HEALTH CLINIC	88.00	6,093	0	2.00
	TOTALS		742,106	320,668	
	M - OB/GYN COSTS				
1.00	ADULTS & PEDIATRICS	30.00	21,209	19,331	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	44,838	15,812	2.00
	TOTALS		66,047	35,143	
500.00	Grand Total: Increases		1,989,316	14,274,771	500.00

RECLASSIFICATIONS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-6 | Date/Time Prepared: 5/30/2014 12:03 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - RECLASS OF EMPLOYEE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,159,808	0		1.00
2.00	PHARMACY	15.00	0	288	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	233,992	0		3.00
4.00	LABORATORY	60.00	0	5,342	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	0	310	0		5.00
6.00	RESPIRATORY THERAPY	65.00	0	151	0		6.00
7.00	EMERGENCY	91.00	0	242	0		7.00
	TOTALS		0	5,400,133			
	B - RECLASS OF OXYGEN COSTS						
1.00	RESPIRATORY THERAPY	65.00	0	79,734	0		1.00
	TOTALS		0	79,734			
	C - RECLASS OF RENTAL AND LEASE EXPENSES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	178,911	10		1.00
2.00	OPERATION OF PLANT	7.00	0	71	10		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	55,120	0		3.00
4.00	PHARMACY	15.00	0	185,632	0		4.00
5.00	OPERATING ROOM	50.00	0	354,718	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	147,012	0		6.00
7.00	MRI	58.00	0	241,519	0		7.00
8.00	LABORATORY	60.00	0	121,589	0		8.00
9.00	RESPIRATORY THERAPY	65.00	0	25,511	0		9.00
10.00	ELECTROCARDIOLOGY	69.00	0	4,350	0		10.00
11.00	SLEEP LAB	76.01	0	2,412	0		11.00
12.00	WOUND CARE	76.03	0	219	0		12.00
13.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	53,080	0		13.00
	TOTALS		0	1,370,144			
	D - RECLASS OF OTHER CAPITAL COSTS						
1.00		0.00	0	0	12		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	618,762	13		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	618,762			
	E - RECLASS OF MARKETING DEPARTMENTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	53,139	393,619	0		1.00
	TOTALS		53,139	393,619			
	F - RECLASS OF MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	3,254,308	0		1.00
2.00	ELECTROCARDIOLOGY	69.00	0	551,678	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	3,805,986			
	G - RECLASS OF COST OF DRUGS/IV SOLUTION						
1.00	PHARMACY	15.00	0	1,793,756	0		1.00
	TOTALS		0	1,793,756			
	H - RECLASS OF PT, OT, AND SP COSTS						
1.00	OCCUPATIONAL THERAPY	67.00	226,735	20,489	0		1.00
2.00	SPEECH PATHOLOGY	68.00	77,775	6,239	0		2.00
	TOTALS		304,510	26,728			
	I - RECLASS OF MISC DEPARTMENTS						
1.00	PSYCH SERVICES	76.02	299,008	76,036	0		1.00
2.00	PHYSICAL THERAPY	66.00	0	799	0		2.00
	TOTALS		299,008	76,835			
	J - RECLASS OF OTHER RADIOLOGY COSTS						
1.00	ULTRA-SOUND	54.01	99,742	37,211	0		1.00
2.00	RADIOISOTOPE	56.00	68,595	93,871	0		2.00
3.00	CT SCAN	57.00	254,393	176,043	0		3.00
4.00	MRI	58.00	101,776	35,884	0		4.00
	TOTALS		524,506	343,009			
	K - RECLASS OF A PORTION OF DIETARY COST						
1.00	DIETARY	10.00	0	10,254	0		1.00
	TOTALS		0	10,254			
	L - RECLASS OF CLINIC COSTS						
1.00	RURAL HEALTH CLINIC	88.00	0	2,645	0		1.00
2.00	LABORATORY	60.00	742,106	318,023	0		2.00
	TOTALS		742,106	320,668			
	M - OB/GYN COSTS						
1.00	NURSERY	43.00	66,047	35,143	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		66,047	35,143			
500.00	Grand Total: Decreases		1,989,316	14,274,771			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

		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	2,904,596	0	0	0	0	1.00
2.00	Land Improvements	2,872,332	77,475	0	77,475	0	2.00
3.00	Buildings and Fixtures	3,848,637	59,159	0	59,159	0	3.00
4.00	Building Improvements	92,433,850	2,841,071	0	2,841,071	0	4.00
5.00	Fixed Equipment	7,096,623	323,316	0	323,316	210	5.00
6.00	Movable Equipment	46,775,844	2,582,902	0	2,582,902	152,583	6.00
7.00	HIT designated Assets	3,290,233	1,500,821	0	1,500,821	47,192	7.00
8.00	Subtotal (sum of lines 1-7)	159,222,115	7,384,744	0	7,384,744	199,985	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	159,222,115	7,384,744	0	7,384,744	199,985	10.00

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,904,596	0				1.00
2.00	Land Improvements	2,949,807	0				2.00
3.00	Buildings and Fixtures	3,907,796	0				3.00
4.00	Building Improvements	95,274,921	0				4.00
5.00	Fixed Equipment	7,419,729	0				5.00
6.00	Movable Equipment	49,206,163	0				6.00
7.00	HIT designated Assets	4,743,862	0				7.00
8.00	Subtotal (sum of lines 1-7)	166,406,874	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	166,406,874	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part II | Date/Time Prepared: 5/30/2014 12:03 pm

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	2,752,501	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	4,019,974	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,772,475	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	2,752,501		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	4,019,974		2.00
3.00	Total (sum of lines 1-2)	0	6,772,475		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2014 12:03 pm

	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	109,552,254	0	109,552,254	0.670035	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	53,950,025	0	53,950,025	0.329965	0	2.00
3.00	Total (sum of lines 1-2)	163,502,279	0	163,502,279	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	3,533,458	76,737	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,562,453	1,303,263	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,095,911	1,380,000	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	199,735	-618,762	0	3,191,168	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	12,251	0	0	4,877,967	2.00
3.00	Total (sum of lines 1-2)	0	211,986	-618,762	0	8,069,135	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 12:03 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)		0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	B	-258,099	CAP REL COSTS-BLDG & FIXT	1.00	9	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-35,195	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00	Television and radio service (chapter 21)	A	-20,676	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	-3,123,574			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-636	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-12,475,444			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-3,079	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	-17,354	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	369,190	CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-682,350	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			0		0.00	0	33.00
33.01			0		0.00	0	33.01

ADJUSTMENTS TO EXPENSES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8 | Date/Time Prepared: 5/30/2014 12:03 pm

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.02	PENALTIES	A	-374	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03	OTHER MISC REVENUE	B	-103,858	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04	HOSPITAL BAD DEBT	A	-19,558,939	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	PATIENT PHONES WAGE COST	A	-7,465	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06	PATIENT PHONES BENEFIT COST	A	-1,866	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.06
33.07	PATIENT PHONES DEPRECIATION EXPENSE	A	-16,421	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.07
33.08	PATIENT TELEVISION DEPRECIATION	A	-7,451	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.08
33.09	MARKETING EXPENSE	A	-297,410	ADMINISTRATIVE & GENERAL	5.00	0	33.09
33.10	LOBBYING EXPENSES	A	-25,160	OPERATION OF PLANT	7.00	0	33.10
33.11	PHYSICIAN RECRUITING	A	-288,568	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12	LOBBYING EXPENSES	A	-10,569	ADMINISTRATIVE & GENERAL	5.00	0	33.12
33.13	CHARITABLE CONTRIBUTIONS	A	-25,143	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	PATIENT TRANSPORTATION	A	-5,627	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	ILLINOIS PROVIDER TAX	A	-9,688,561	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16			0		0.00	0	33.16
33.17	NON ALLOWABLE LEGAL FEES	A	-74,914	ADMINISTRATIVE & GENERAL	5.00	0	33.17
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-46,359,543				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-1 | Date/Time Prepared: 5/30/2014 12:03 pm

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC - CAP RELATED I	607,160	0	1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC - OPERATING INT	139,820	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	353,929	0	3.00
4.00	1.00	CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	19,743	0	4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BLDG AND FIXTURE	42,963	0	4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPM	248,701	0	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COST	2,045,356	0	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	0	9,633,994	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	0	3,716,616	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	401K FEES	0	2,892	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	AUDIT FEES	0	56,329	4.07
4.08	5.00	ADMINISTRATIVE & GENERAL	MIS FEES	0	856,870	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE	0	26,099	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT	0	151,841	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	PURCHASE AND ANCILLARY	0	11,131	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	EMERGENCY ROOM	0	82,926	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	PPSI FEES	0	23,755	4.13
4.14	5.00	ADMINISTRATIVE & GENERAL	COMPLIANCE/HIM/CCA FEES	0	46,180	4.14
4.15	5.00	ADMINISTRATIVE & GENERAL	SENIOR CIRCLE	0	24,792	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	PASI COLLECTION FEES	0	521,661	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	EBOS FEES	0	41,683	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	PASI LIEN UNIT COLLECTION FE	0	77,691	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	996,215	1,664,727	4.19
4.20	2.00	CAP REL COSTS-MVBLE EQUIP	PASI CAPITAL COSTS	9,856	0	4.20
4.21	0.00			0	0	4.21
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			4,463,743	16,939,187	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:					
6.00	B		0.00	CHS, INC.	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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.

(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: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet A-8-1 Date/Time Prepared: 5/30/2014 12:03 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	607,160	9		1.00
2.00	139,820	0		2.00
3.00	353,929	0		3.00
4.00	19,743	9		4.00
4.01	42,963	9		4.01
4.02	248,701	9		4.02
4.03	2,045,356	0		4.03
4.04	-9,633,994	0		4.04
4.05	-3,716,616	0		4.05
4.06	-2,892	0		4.06
4.07	-56,329	0		4.07
4.08	-856,870	0		4.08
4.09	-26,099	0		4.09
4.10	-151,841	0		4.10
4.11	-11,131	0		4.11
4.12	-82,926	0		4.12
4.13	-23,755	0		4.13
4.14	-46,180	0		4.14
4.15	-24,792	0		4.15
4.16	-521,661	0		4.16
4.17	-41,683	0		4.17
4.18	-77,691	0		4.18
4.19	-668,512	0		4.19
4.20	9,856	10		4.20
4.21	0	0		4.21
5.00	-12,475,444			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	HOSPITAL MANAGEMENT		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2014 12:03 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	50	50	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,184,153	1,165,153	19,000	177,200	20	2.00
3.00	40.00	SUBPROVIDER - IPF	59,281	40,281	19,000	177,200	20	3.00
4.00	41.00	SUBPROVIDER - IRF	8,000	8,000	0	177,200	0	4.00
5.00	53.00	ANESTHESIOLOGY	964,808	964,808	0	0	0	5.00
6.00	76.02	PSYCH SERVICES	193,477	193,477	0	0	0	6.00
7.00	90.00	CLINIC	920	920	0	0	0	7.00
8.00	90.00	CLINIC	22,715	22,715	0	0	0	8.00
9.00	91.00	EMERGENCY	693,578	693,578	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,126,982	3,088,982	38,000		40	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	13.00	NURSING ADMINISTRATION	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	1,704	85	0	0	0	2.00
3.00	40.00	SUBPROVIDER - IPF	1,704	85	0	0	0	3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	76.02	PSYCH SERVICES	0	0	0	0	0	6.00
7.00	90.00	CLINIC	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,408	170	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	13.00	NURSING ADMINISTRATION	0	0	0	50		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	1,704	17,296	1,182,449		2.00
3.00	40.00	SUBPROVIDER - IPF	0	1,704	17,296	57,577		3.00
4.00	41.00	SUBPROVIDER - IRF	0	0	0	8,000		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	964,808		5.00
6.00	76.02	PSYCH SERVICES	0	0	0	193,477		6.00
7.00	90.00	CLINIC	0	0	0	920		7.00
8.00	90.00	CLINIC	0	0	0	22,715		8.00
9.00	91.00	EMERGENCY	0	0	0	693,578		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	3,408	34,592	3,123,574		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
				BLDG & FIXT	MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	3,191,168	3,191,168				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	4,877,967		4,877,967			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,837,042	13,507	21,231	5,871,780		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	12,156,608	401,783	631,529	886,795	14,076,715	5.00
7.00	00700	OPERATION OF PLANT	3,707,864	919,123	1,444,696	133,632	6,205,315	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	351,714	22,291	35,037	0	409,042	8.00
9.00	00900	HOUSEKEEPING	2,195,857	33,286	52,319	0	2,281,462	9.00
10.00	01000	DIETARY	1,566,522	49,417	77,675	0	1,693,614	10.00
11.00	01100	CAFETERIA	10,254	36,590	57,513	0	104,357	11.00
13.00	01300	NURSING ADMINISTRATION	2,177,686	1,342	2,109	338,520	2,519,657	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	482,382	40,539	63,720	47,018	633,659	14.00
15.00	01500	PHARMACY	1,870,545	28,906	45,434	277,552	2,222,437	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,238,961	115,534	181,598	133,863	1,669,956	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,210,899	420,669	661,215	1,328,760	11,621,543	30.00
31.00	03100	INTENSIVE CARE UNIT	1,427,715	127,806	200,887	198,329	1,954,737	31.00
40.00	04000	SUBPROVIDER - IPF	1,258,507	66,465	104,471	177,484	1,606,927	40.00
41.00	04100	SUBPROVIDER - IRF	592,904	41,585	65,364	77,440	777,293	41.00
43.00	04300	NURSERY	188,862	5,273	8,288	27,061	229,484	43.00
44.00	04400	SKILLED NURSING FACILITY	820,162	41,591	65,374	107,545	1,034,672	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,336,546	211,892	333,056	367,499	5,248,993	50.00
51.00	05100	RECOVERY ROOM	283,030	9,145	14,374	43,510	350,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	557,251	36,389	57,197	79,716	730,553	52.00
53.00	05300	ANESTHESIOLOGY	101,867	2,908	4,571	0	109,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,498,132	103,948	163,387	254,124	3,019,591	54.00
54.01	05401	ULTRA-SOUND	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	2,809,499	51,557	81,039	259,399	3,201,494	60.00
65.00	06500	RESPIRATORY THERAPY	903,216	42,200	66,331	130,061	1,141,808	65.00
66.00	06600	PHYSICAL THERAPY	1,235,062	99,556	156,484	200,667	1,691,769	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	2,097,990	29,095	45,732	218,099	2,390,916	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,637,246	0	0	0	1,637,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,062,302	0	0	0	2,062,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,793,756	0	0	0	1,793,756	73.00
74.00	07400	RENAL DIALYSIS	232,282	0	0	0	232,282	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	230,308	39,688	62,382	33,029	365,407	76.01
76.02	03022	PSYCH SERVICES	75,936	20,512	32,241	12,434	141,123	76.02
76.03	03023	WOUND CARE	646,167	16,120	25,337	21,848	709,472	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,033,046	0	0	131,788	1,164,834	90.00
91.00	09100	EMERGENCY	2,824,310	59,567	93,628	357,818	3,335,323	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)	78,521,565	3,088,284	4,854,219	5,843,991	78,367,144	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,043	6,355	0	10,398	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	215,833	87,775	0	0	303,608	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	11,066	17,393	0	28,459	194.00
194.01	07951	OTHER NONREIMB - MARKETING	446,758	0	0	9,515	456,273	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	139,489	0	0	18,274	157,763	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	560	0	0	0	560	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	79,324,205	3,191,168	4,877,967	5,871,780	79,324,205	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 5/30/2014 12:03 pm

		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	14,076,715					5.00
7.00	00700	OPERATION OF PLANT	1,338,753	7,544,068				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	88,248	95,063	592,353			8.00
9.00	00900	HOUSEKEEPING	492,209	141,952	0	2,915,623		9.00
10.00	01000	DIETARY	365,385	210,748	0	79,994	2,349,741	10.00
11.00	01100	CAFETERIA	22,514	156,044	0	59,230	0	11.00
13.00	01300	NURSING ADMINISTRATION	543,598	5,722	0	2,172	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	136,707	172,884	26,893	65,622	0	14.00
15.00	01500	PHARMACY	479,475	123,272	0	46,791	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	360,281	492,711	0	187,019	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,507,295	1,794,006	252,124	680,949	1,722,277	30.00
31.00	03100	INTENSIVE CARE UNIT	421,721	545,045	39,446	206,883	60,068	31.00
40.00	04000	SUBPROVIDER - IPF	346,683	283,451	32,125	107,589	290,263	40.00
41.00	04100	SUBPROVIDER - IRF	167,696	177,346	0	67,315	68,557	41.00
43.00	04300	NURSERY	49,510	22,486	0	8,535	0	43.00
44.00	04400	SKILLED NURSING FACILITY	223,223	177,371	52,526	67,325	158,481	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,132,433	903,645	64,822	342,996	0	50.00
51.00	05100	RECOVERY ROOM	75,523	38,998	0	14,803	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	157,612	155,187	31,693	58,904	50,095	52.00
53.00	05300	ANESTHESIOLOGY	23,591	12,403	0	4,708	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	651,456	443,302	34,629	168,264	0	54.00
54.01	05401	ULTRA-SOUND	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	690,700	219,874	0	83,457	0	60.00
65.00	06500	RESPIRATORY THERAPY	246,337	179,968	0	68,310	0	65.00
66.00	06600	PHYSICAL THERAPY	364,987	424,571	7,002	161,155	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	515,823	124,079	6,647	47,097	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	353,224	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	444,927	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	386,990	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	50,113	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	78,834	169,254	0	64,244	0	76.01
76.02	03022	PSYCH SERVICES	30,446	87,475	0	33,203	0	76.02
76.03	03023	WOUND CARE	153,064	68,745	0	26,094	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	251,305	0	95	0	0	90.00
91.00	09100	EMERGENCY	719,573	254,032	44,351	96,423	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,870,236	7,479,634	592,353	2,749,082	2,349,741	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,243	17,243	0	6,545	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	65,501	0	0	142,084	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	6,140	47,191	0	17,912	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	98,438	0	0	0	0	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	34,036	0	0	0	0	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	121	0	0	0	0	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	14,076,715	7,544,068	592,353	2,915,623	2,349,741	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 5/30/2014 12:03 pm

		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	342,145					11.00
13.00	01300	NURSING ADMINISTRATION	17,756	3,088,905				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,487	0	1,041,252			14.00
15.00	01500	PHARMACY	14,394	281,767	20,029	3,188,165		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	14,875	0	3,939	0	2,728,781	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	99,813	1,357,073	42,846	0	491,612	30.00
31.00	03100	INTENSIVE CARE UNIT	10,846	201,340	15,721	0	52,324	31.00
40.00	04000	SUBPROVIDER - IPF	12,517	180,179	2,305	0	74,137	40.00
41.00	04100	SUBPROVIDER - IRF	5,388	78,616	1,848	0	12,255	41.00
43.00	04300	NURSERY	1,501	35,623	3,512	0	4,263	43.00
44.00	04400	SKILLED NURSING FACILITY	8,418	109,178	5,496	0	20,895	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	22,790	373,080	202,355	0	293,497	50.00
51.00	05100	RECOVERY ROOM	2,358	44,171	1,938	0	40,198	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,425	64,626	3,198	0	12,557	52.00
53.00	05300	ANESTHESIOLOGY	0	0	10,249	0	50,827	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,925	0	14,008	0	171,897	54.00
54.01	05401	ULTRA-SOUND	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	23,102	0	56,010	0	383,987	60.00
65.00	06500	RESPIRATORY THERAPY	11,590	0	11,099	0	87,739	65.00
66.00	06600	PHYSICAL THERAPY	13,664	0	1,512	0	74,986	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	13,119	0	90,949	0	254,004	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	208,813	0	31,169	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	276,488	0	79,807	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	3,188,165	132,488	73.00
74.00	07400	RENAL DIALYSIS	0	0	313	0	14,620	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	2,605	0	1,308	0	4,748	76.01
76.02	03022	PSYCH SERVICES	1,310	0	35	0	15,193	76.02
76.03	03023	WOUND CARE	1,926	0	9,937	0	7,173	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	9,409	0	11,929	0	5,771	90.00
91.00	09100	EMERGENCY	22,854	363,252	45,410	0	412,634	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	339,072	3,088,905	1,041,247	3,188,165	2,728,781	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	5	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	623	0	0	0	0	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	2,450	0	0	0	0	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	0	0	0	0	0	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	342,145	3,088,905	1,041,252	3,188,165	2,728,781	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part I | Date/Time Prepared: 5/30/2014 12:03 pm

		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	20,569,538	0	20,569,538		30.00
31.00	03100	INTENSIVE CARE UNIT	3,508,131	0	3,508,131		31.00
40.00	04000	SUBPROVIDER - IPF	2,936,176	0	2,936,176		40.00
41.00	04100	SUBPROVIDER - IRF	1,356,314	0	1,356,314		41.00
43.00	04300	NURSERY	354,914	0	354,914		43.00
44.00	04400	SKILLED NURSING FACILITY	1,857,585	0	1,857,585		44.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	8,584,611	0	8,584,611		50.00
51.00	05100	RECOVERY ROOM	568,048	0	568,048		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,850	0	1,268,850		52.00
53.00	05300	ANESTHESIOLOGY	211,124	0	211,124		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522,072	0	4,522,072		54.00
54.01	05401	ULTRA-SOUND	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	4,658,624	0	4,658,624		60.00
65.00	06500	RESPIRATORY THERAPY	1,746,851	0	1,746,851		65.00
66.00	06600	PHYSICAL THERAPY	2,739,646	0	2,739,646		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	3,442,634	0	3,442,634		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,230,452	0	2,230,452		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,863,524	0	2,863,524		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,501,399	0	5,501,399		73.00
74.00	07400	RENAL DIALYSIS	297,328	0	297,328		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	686,400	0	686,400		76.01
76.02	03022	PSYCH SERVICES	308,785	0	308,785		76.02
76.03	03023	WOUND CARE	976,411	0	976,411		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
90.00	09000	CLINIC	1,443,343	0	1,443,343		90.00
91.00	09100	EMERGENCY	5,293,852	0	5,293,852		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)	77,926,612	0	77,926,612		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36,429	0	36,429		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	511,198	0	511,198		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	99,702	0	99,702		194.00
194.01	07951	OTHER NONREIMB - MARKETING	555,334	0	555,334		194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	194,249	0	194,249		194.02
194.03	07953	VNA	0	0	0		194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0		194.04
194.05	07958	FREE STANDING HHA	681	0	681		194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0		194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0		194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0		194.08
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)	79,324,205	0	79,324,205		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	13,507	21,231	34,738	34,738	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	401,783	631,529	1,033,312	5,245	5.00
7.00	00700	OPERATION OF PLANT	0	919,123	1,444,696	2,363,819	790	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	22,291	35,037	57,328	0	8.00
9.00	00900	HOUSEKEEPING	0	33,286	52,319	85,605	0	9.00
10.00	01000	DIETARY	0	49,417	77,675	127,092	0	10.00
11.00	01100	CAFETERIA	0	36,590	57,513	94,103	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	1,342	2,109	3,451	2,002	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	40,539	63,720	104,259	278	14.00
15.00	01500	PHARMACY	0	28,906	45,434	74,340	1,642	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	115,534	181,598	297,132	792	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	420,669	661,215	1,081,884	7,870	30.00
31.00	03100	INTENSIVE CARE UNIT	0	127,806	200,887	328,693	1,173	31.00
40.00	04000	SUBPROVIDER - IPF	0	66,465	104,471	170,936	1,050	40.00
41.00	04100	SUBPROVIDER - IRF	0	41,585	65,364	106,949	458	41.00
43.00	04300	NURSERY	0	5,273	8,288	13,561	160	43.00
44.00	04400	SKILLED NURSING FACILITY	0	41,591	65,374	106,965	636	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	211,892	333,056	544,948	2,174	50.00
51.00	05100	RECOVERY ROOM	0	9,145	14,374	23,519	257	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,389	57,197	93,586	471	52.00
53.00	05300	ANESTHESIOLOGY	0	2,908	4,571	7,479	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	103,948	163,387	267,335	1,503	54.00
54.01	05401	ULTRA-SOUND	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	51,557	81,039	132,596	1,534	60.00
65.00	06500	RESPIRATORY THERAPY	0	42,200	66,331	108,531	769	65.00
66.00	06600	PHYSICAL THERAPY	0	99,556	156,484	256,040	1,187	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	29,095	45,732	74,827	1,290	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	39,688	62,382	102,070	195	76.01
76.02	03022	PSYCH SERVICES	0	20,512	32,241	52,753	74	76.02
76.03	03023	WOUND CARE	0	16,120	25,337	41,457	129	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	779	90.00
91.00	09100	EMERGENCY	0	59,567	93,628	153,195	2,116	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	3,088,284	4,854,219	7,942,503	34,574	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,043	6,355	10,398	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	87,775	0	87,775	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	11,066	17,393	28,459	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	0	0	0	0	56	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	108	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	0	0	0	0	0	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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	3,191,168	4,877,967	8,069,135	34,738	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II Date/Time Prepared: 5/30/2014 12:03 pm

		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	1,038,557					5.00
7.00	00700	OPERATION OF PLANT	98,770	2,463,379				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,511	31,041	94,880			8.00
9.00	00900	HOUSEKEEPING	36,314	46,352	0	168,271		9.00
10.00	01000	DIETARY	26,957	68,816	0	4,617	227,482	10.00
11.00	01100	CAFETERIA	1,661	50,953	0	3,418	0	11.00
13.00	01300	NURSING ADMINISTRATION	40,105	1,869	0	125	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,086	56,452	4,308	3,787	0	14.00
15.00	01500	PHARMACY	35,375	40,252	0	2,700	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	26,581	160,886	0	10,794	0	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	184,993	585,799	40,384	39,299	166,736	30.00
31.00	03100	INTENSIVE CARE UNIT	31,114	177,975	6,318	11,940	5,815	31.00
40.00	04000	SUBPROVIDER - IPF	25,577	92,556	5,146	6,209	28,101	40.00
41.00	04100	SUBPROVIDER - IRF	12,372	57,909	0	3,885	6,637	41.00
43.00	04300	NURSERY	3,653	7,343	0	493	0	43.00
44.00	04400	SKILLED NURSING FACILITY	16,469	57,917	8,413	3,886	15,343	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	83,548	295,069	10,383	19,796	0	50.00
51.00	05100	RECOVERY ROOM	5,572	12,734	0	854	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,628	50,674	5,076	3,400	4,850	52.00
53.00	05300	ANESTHESIOLOGY	1,740	4,050	0	272	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	48,063	144,752	5,547	9,711	0	54.00
54.01	05401	ULTRA-SOUND	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	50,958	71,796	0	4,817	0	60.00
65.00	06500	RESPIRATORY THERAPY	18,174	58,765	0	3,942	0	65.00
66.00	06600	PHYSICAL THERAPY	26,928	138,636	1,121	9,301	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	38,056	40,516	1,065	2,718	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	26,060	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	32,826	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	28,551	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,697	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	5,816	55,267	0	3,708	0	76.01
76.02	03022	PSYCH SERVICES	2,246	28,564	0	1,916	0	76.02
76.03	03023	WOUND CARE	11,293	22,447	0	1,506	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	18,541	0	15	0	0	90.00
91.00	09100	EMERGENCY	53,088	82,950	7,104	5,565	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,023,323	2,442,340	94,880	158,659	227,482	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	166	5,630	0	378	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,833	0	0	8,200	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	453	15,409	0	1,034	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	7,262	0	0	0	0	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	2,511	0	0	0	0	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	9	0	0	0	0	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	1,038,557	2,463,379	94,880	168,271	227,482	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 5/30/2014 12:03 pm

		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	150,135					11.00
13.00	01300	NURSING ADMINISTRATION	7,792	55,344				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,408	0	181,578			14.00
15.00	01500	PHARMACY	6,316	5,049	3,493	169,167		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,527	0	687	0	503,399	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	43,797	24,313	7,472	0	90,927	30.00
31.00	03100	INTENSIVE CARE UNIT	4,759	3,608	2,741	0	9,647	31.00
40.00	04000	SUBPROVIDER - IPF	5,493	3,228	402	0	13,669	40.00
41.00	04100	SUBPROVIDER - IRF	2,364	1,409	322	0	2,260	41.00
43.00	04300	NURSERY	659	638	613	0	786	43.00
44.00	04400	SKILLED NURSING FACILITY	3,694	1,956	958	0	3,853	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,001	6,685	35,287	0	54,113	50.00
51.00	05100	RECOVERY ROOM	1,035	791	338	0	7,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,942	1,158	558	0	2,315	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,787	0	9,371	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,304	0	2,443	0	31,693	54.00
54.01	05401	ULTRA-SOUND	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	10,137	0	9,767	0	70,797	60.00
65.00	06500	RESPIRATORY THERAPY	5,086	0	1,936	0	16,177	65.00
66.00	06600	PHYSICAL THERAPY	5,996	0	264	0	13,825	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	5,757	0	15,860	0	46,831	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	36,413	0	5,747	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	48,215	0	14,714	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	169,167	24,427	73.00
74.00	07400	RENAL DIALYSIS	0	0	55	0	2,695	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	1,143	0	228	0	875	76.01
76.02	03022	PSYCH SERVICES	575	0	6	0	2,801	76.02
76.03	03023	WOUND CARE	845	0	1,733	0	1,323	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	4,129	0	2,080	0	1,064	90.00
91.00	09100	EMERGENCY	10,028	6,509	7,919	0	76,078	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	148,787	55,344	181,577	169,167	503,399	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	273	0	0	0	0	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	1,075	0	0	0	0	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	0	0	0	0	0	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	150,135	55,344	181,578	169,167	503,399	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B Part II | Date/Time Prepared: 5/30/2014 12:03 pm

		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	2,273,474	0	2,273,474		30.00
31.00	03100	INTENSIVE CARE UNIT	583,783	0	583,783		31.00
40.00	04000	SUBPROVIDER - IPF	352,367	0	352,367		40.00
41.00	04100	SUBPROVIDER - IRF	194,565	0	194,565		41.00
43.00	04300	NURSERY	27,906	0	27,906		43.00
44.00	04400	SKILLED NURSING FACILITY	220,090	0	220,090		44.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,062,004	0	1,062,004		50.00
51.00	05100	RECOVERY ROOM	52,511	0	52,511		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	0	175,658		52.00
53.00	05300	ANESTHESIOLOGY	24,699	0	24,699		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	0	519,351		54.00
54.01	05401	ULTRA-SOUND	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	352,402	0	352,402		60.00
65.00	06500	RESPIRATORY THERAPY	213,380	0	213,380		65.00
66.00	06600	PHYSICAL THERAPY	453,298	0	453,298		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	226,920	0	226,920		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	0	68,220		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	0	95,755		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	0	222,145		73.00
74.00	07400	RENAL DIALYSIS	6,447	0	6,447		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	169,302	0	169,302		76.01
76.02	03022	PSYCH SERVICES	88,935	0	88,935		76.02
76.03	03023	WOUND CARE	80,733	0	80,733		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
90.00	09000	CLINIC	26,608	0	26,608		90.00
91.00	09100	EMERGENCY	404,552	0	404,552		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)	7,895,105	0	7,895,105		118.00
		NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,572	0	16,572		190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	100,809	0	100,809		192.00
193.00	19300	NONPAID WORKERS	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	45,355	0	45,355		194.00
194.01	07951	OTHER NONREIMB - MARKETING	7,591	0	7,591		194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	3,694	0	3,694		194.02
194.03	07953	VNA	0	0	0		194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0		194.04
194.05	07958	FREE STANDING HHA	9	0	9		194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0		194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0		194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0		194.08
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)	8,069,135	0	8,069,135		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	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	539,853					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		525,004				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	2,285	2,285	32,792,749			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,970	67,970	4,952,586	-14,076,715	65,247,490	5.00
7.00	00700	OPERATION OF PLANT	155,489	155,489	746,308	0	6,205,315	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,771	3,771	0	0	409,042	8.00
9.00	00900	HOUSEKEEPING	5,631	5,631	0	0	2,281,462	9.00
10.00	01000	DIETARY	8,360	8,360	0	0	1,693,614	10.00
11.00	01100	CAFETERIA	6,190	6,190	0	0	104,357	11.00
13.00	01300	NURSING ADMINISTRATION	227	227	1,890,571	0	2,519,657	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,858	6,858	262,589	0	633,659	14.00
15.00	01500	PHARMACY	4,890	4,890	1,550,077	0	2,222,437	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,545	19,545	747,598	0	1,669,956	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	71,165	71,165	7,420,818	0	11,621,543	30.00
31.00	03100	INTENSIVE CARE UNIT	21,621	21,621	1,107,628	0	1,954,737	31.00
40.00	04000	SUBPROVIDER - IPF	11,244	11,244	991,217	0	1,606,927	40.00
41.00	04100	SUBPROVIDER - IRF	7,035	7,035	432,486	0	777,293	41.00
43.00	04300	NURSERY	892	892	151,133	0	229,484	43.00
44.00	04400	SKILLED NURSING FACILITY	7,036	7,036	600,617	0	1,034,672	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,846	35,846	2,052,414	0	5,248,993	50.00
51.00	05100	RECOVERY ROOM	1,547	1,547	242,995	0	350,059	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,156	6,156	445,201	0	730,553	52.00
53.00	05300	ANESTHESIOLOGY	492	492	0	0	109,346	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,585	17,585	1,419,238	0	3,019,591	54.00
54.01	05401	ULTRA-SOUND	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	8,722	8,722	1,448,696	0	3,201,494	60.00
65.00	06500	RESPIRATORY THERAPY	7,139	7,139	726,366	0	1,141,808	65.00
66.00	06600	PHYSICAL THERAPY	16,842	16,842	1,120,687	0	1,691,769	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	4,922	4,922	1,218,043	0	2,390,916	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	1,637,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,062,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,793,756	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	232,282	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	6,714	6,714	184,461	0	365,407	76.01
76.02	03022	PSYCH SERVICES	3,470	3,470	69,441	0	141,123	76.02
76.03	03023	WOUND CARE	2,727	2,727	122,019	0	709,472	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	736,013	0	1,164,834	90.00
91.00	09100	EMERGENCY	10,077	10,077	1,998,349	0	3,335,323	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	522,448	522,448	32,637,551	-14,076,715	64,290,429	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	684	684	0	0	10,398	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,849	0	0	0	303,608	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,872	1,872	0	0	28,459	194.00
194.01	07951	OTHER NONREIMB - MARKETING	0	0	53,139	0	456,273	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	0	0	102,059	0	157,763	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	0	0	0	0	560	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	3,191,168	4,877,967	5,871,780		14,076,715	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 12:03 pm

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		1.00	2.00	4.00	5A	5.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	5.911180	9.291295	0.179057		0.215743	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			34,738		1,038,557	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.001059		0.015917	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	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	299,260					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,771	237,309				8.00
9.00	00900	HOUSEKEEPING	5,631	0	304,707			9.00
10.00	01000	DIETARY	8,360	0	8,360	112,386		10.00
11.00	01100	CAFETERIA	6,190	0	6,190	0	48,326	11.00
13.00	01300	NURSING ADMINISTRATION	227	0	227	0	2,508	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,858	10,774	6,858	0	775	14.00
15.00	01500	PHARMACY	4,890	0	4,890	0	2,033	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,545	0	19,545	0	2,101	16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	71,165	101,006	71,165	82,375	14,098	30.00
31.00	03100	INTENSIVE CARE UNIT	21,621	15,803	21,621	2,873	1,532	31.00
40.00	04000	SUBPROVIDER - IPF	11,244	12,870	11,244	13,883	1,768	40.00
41.00	04100	SUBPROVIDER - IRF	7,035	0	7,035	3,279	761	41.00
43.00	04300	NURSERY	892	0	892	0	212	43.00
44.00	04400	SKILLED NURSING FACILITY	7,036	21,043	7,036	7,580	1,189	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	35,846	25,969	35,846	0	3,219	50.00
51.00	05100	RECOVERY ROOM	1,547	0	1,547	0	333	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,156	12,697	6,156	2,396	625	52.00
53.00	05300	ANESTHESIOLOGY	492	0	492	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,585	13,873	17,585	0	2,673	54.00
54.01	05401	ULTRA-SOUND	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	8,722	0	8,722	0	3,263	60.00
65.00	06500	RESPIRATORY THERAPY	7,139	0	7,139	0	1,637	65.00
66.00	06600	PHYSICAL THERAPY	16,842	2,805	16,842	0	1,930	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	4,922	2,663	4,922	0	1,853	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	6,714	0	6,714	0	368	76.01
76.02	03022	PSYCH SERVICES	3,470	0	3,470	0	185	76.02
76.03	03023	WOUND CARE	2,727	0	2,727	0	272	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	38	0	0	1,329	90.00
91.00	09100	EMERGENCY	10,077	17,768	10,077	0	3,228	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	296,704	237,309	287,302	112,386	47,892	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	684	0	684	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	14,849	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,872	0	1,872	0	0	194.00
194.01	07951	OTHER NONREIMB - MARKETING	0	0	0	0	88	194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0	346	194.02
194.03	07953	VNA	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0	0	194.04
194.05	07958	FREE STANDING HHA	0	0	0	0	0	194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0	0	194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0	0	194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0	0	194.08
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)	7,544,068	592,353	2,915,623	2,349,741	342,145	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	25.209076	2.496125	9.568612	20.907773	7.079936	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,463,379	94,880	168,271	227,482	150,135	204.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
			7.00	8.00	9.00	10.00	11.00	
205.00		Unit cost multiplier (Wkst. B, Part II)	8.231568	0.399816	0.552239	2.024113	3.106713	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	NURSING ADMINISTRATION (NURSING SALARIE)	CENTRAL SERVICES & SUPPLY (COSTED REQ S)	PHARMACY (COSTED REQ S)	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	16,992,934					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	7,766,612				14.00
15.00	01500	PHARMACY	1,550,077	149,395	1,793,756			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	29,378	0	730,143,274		16.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,465,655	319,585	0	131,489,436		30.00
31.00	03100	INTENSIVE CARE UNIT	1,107,628	117,258	0	14,001,555		31.00
40.00	04000	SUBPROVIDER - IPF	991,217	17,196	0	19,838,690		40.00
41.00	04100	SUBPROVIDER - IRF	432,486	13,783	0	3,279,435		41.00
43.00	04300	NURSERY	195,971	26,199	0	1,140,671		43.00
44.00	04400	SKILLED NURSING FACILITY	600,617	40,994	0	5,591,476		44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,052,414	1,509,347	0	78,538,211		50.00
51.00	05100	RECOVERY ROOM	242,995	14,454	0	10,756,855		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	355,525	23,854	0	3,360,135		52.00
53.00	05300	ANESTHESIOLOGY	0	76,444	0	13,600,956		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	104,485	0	45,998,601		54.00
54.01	05401	ULTRA-SOUND	0	0	0	0		54.01
56.00	05600	RADIOISOTOPE	0	0	0	0		56.00
57.00	05700	CT SCAN	0	0	0	0		57.00
58.00	05800	MRI	0	0	0	0		58.00
60.00	06000	LABORATORY	0	417,773	0	102,752,735		60.00
65.00	06500	RESPIRATORY THERAPY	0	82,790	0	23,478,565		65.00
66.00	06600	PHYSICAL THERAPY	0	11,280	0	20,065,791		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	678,383	0	67,970,031		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,557,512	0	8,340,670		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,062,302	0	21,355,802		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,793,756	35,453,038		73.00
74.00	07400	RENAL DIALYSIS	0	2,333	0	3,912,162		74.00
76.00	03020	ACUPUNCTURE	0	0	0	0		76.00
76.01	03021	SLEEP LAB	0	9,757	0	1,270,454		76.01
76.02	03022	PSYCH SERVICES	0	261	0	4,065,563		76.02
76.03	03023	WOUND CARE	0	74,122	0	1,919,538		76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
90.00	09000	CLINIC	0	88,980	0	1,544,285		90.00
91.00	09100	EMERGENCY	1,998,349	338,709	0	110,418,619		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
		SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,992,934	7,766,574	1,793,756	730,143,274		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	38	0	0		192.00
193.00	19300	NONPAID WORKERS	0	0	0	0		193.00
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.00
194.01	07951	OTHER NONREIMB - MARKETING	0	0	0	0		194.01
194.02	07952	OTHER NONREIMB - SENIOR CIRCLE	0	0	0	0		194.02
194.03	07953	VNA	0	0	0	0		194.03
194.04	07954	OTHER NONREIMB. - MARKETING	0	0	0	0		194.04
194.05	07958	FREE STANDING HHA	0	0	0	0		194.05
194.06	07955	OTHER NONREIMB - TRI-LAB	0	0	0	0		194.06
194.07	07956	OTHER NONREIMB - CONVENT	0	0	0	0		194.07
194.08	07957	OTHER NONREIMB - UNOCCUPIED SPACE	0	0	0	0		194.08
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)	3,088,905	1,041,252	3,188,165	2,728,781		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.181776	0.134068	1.777368	0.003737		203.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet B-1 | Date/Time Prepared: 5/30/2014 12:03 pm

		Cost Center Description	NURSING ADMINISTRATION (NURSING SALARIE)	CENTRAL SERVICES & SUPPLY (COSTED REQ S)	PHARMACY (COSTED REQ S)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
			13.00	14.00	15.00	16.00		
204.00		Cost to be allocated (per Wkst. B, Part II)	55,344	181,578	169,167	503,399		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003257	0.023379	0.094309	0.000689		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,569,538		20,569,538	17,296	20,586,834	30.00
31.00	03100	INTENSIVE CARE UNIT	3,508,131		3,508,131	0	3,508,131	31.00
40.00	04000	SUBPROVIDER - IPF	2,936,176		2,936,176	17,296	2,953,472	40.00
41.00	04100	SUBPROVIDER - IRF	1,356,314		1,356,314	0	1,356,314	41.00
43.00	04300	NURSERY	354,914		354,914	0	354,914	43.00
44.00	04400	SKILLED NURSING FACILITY	1,857,585		1,857,585	0	1,857,585	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,584,611		8,584,611	0	8,584,611	50.00
51.00	05100	RECOVERY ROOM	568,048		568,048	0	568,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,850		1,268,850	0	1,268,850	52.00
53.00	05300	ANESTHESIOLOGY	211,124		211,124	0	211,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522,072		4,522,072	0	4,522,072	54.00
54.01	05401	ULTRA-SOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	4,658,624		4,658,624	0	4,658,624	60.00
65.00	06500	RESPIRATORY THERAPY	1,746,851	0	1,746,851	0	1,746,851	65.00
66.00	06600	PHYSICAL THERAPY	2,739,646	0	2,739,646	0	2,739,646	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	3,442,634		3,442,634	0	3,442,634	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,230,452		2,230,452	0	2,230,452	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,863,524		2,863,524	0	2,863,524	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,501,399		5,501,399	0	5,501,399	73.00
74.00	07400	RENAL DIALYSIS	297,328		297,328	0	297,328	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	76.00
76.01	03021	SLEEP LAB	686,400		686,400	0	686,400	76.01
76.02	03022	PSYCH SERVICES	308,785		308,785	0	308,785	76.02
76.03	03023	WOUND CARE	976,411		976,411	0	976,411	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	1,443,343		1,443,343	0	1,443,343	90.00
91.00	09100	EMERGENCY	5,293,852		5,293,852	0	5,293,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	770,084		770,084		770,084	92.00
200.00		Subtotal (see instructions)	78,696,696	0	78,696,696	34,592	78,731,288	200.00
201.00		Less Observation Beds	770,084		770,084		770,084	201.00
202.00		Total (see instructions)	77,926,612	0	77,926,612	34,592	77,961,204	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 12:03 pm

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		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	127,766,129		127,766,129			30.00
31.00	03100	INTENSIVE CARE UNIT	14,001,555		14,001,555			31.00
40.00	04000	SUBPROVIDER - IPF	19,838,690		19,838,690			40.00
41.00	04100	SUBPROVIDER - IRF	3,279,435		3,279,435			41.00
43.00	04300	NURSERY	1,140,671		1,140,671			43.00
44.00	04400	SKILLED NURSING FACILITY	5,591,476		5,591,476			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,451,836	46,086,375	78,538,211	0.109305	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,532,099	6,224,756	10,756,855	0.052808	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,223,359	136,776	3,360,135	0.377619	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,910,571	6,690,385	13,600,956	0.015523	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,653,464	35,345,137	45,998,601	0.098309	0.000000	54.00
54.01	05401	ULTRA-SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	50,389,152	52,363,583	102,752,735	0.045338	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	20,770,302	2,708,263	23,478,565	0.074402	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,140,943	9,924,848	20,065,791	0.136533	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,951,881	28,018,150	67,970,031	0.050649	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,112,871	227,799	8,340,670	0.267419	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,612,353	7,743,449	21,355,802	0.134086	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,200,225	8,252,813	35,453,038	0.155174	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,884,759	27,403	3,912,162	0.076001	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	0	1,270,454	1,270,454	0.540279	0.000000	76.01
76.02	03022	PSYCH SERVICES	1,606,210	2,459,353	4,065,563	0.075951	0.000000	76.02
76.03	03023	WOUND CARE	50,941	1,868,597	1,919,538	0.508670	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
90.00	09000	CLINIC	0	1,544,285	1,544,285	0.934635	0.000000	90.00
91.00	09100	EMERGENCY	28,190,077	82,228,542	110,418,619	0.047943	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	878,706	2,844,601	3,723,307	0.206828	0.000000	92.00
200.00		Subtotal (see instructions)	434,177,705	295,965,569	730,143,274			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	434,177,705	295,965,569	730,143,274			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - IPF			40.00
41.00	04100	SUBPROVIDER - IRF			41.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.109305		50.00
51.00	05100	RECOVERY ROOM	0.052808		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619		52.00
53.00	05300	ANESTHESIOLOGY	0.015523		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309		54.00
54.01	05401	ULTRA-SOUND	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	0.045338		60.00
65.00	06500	RESPIRATORY THERAPY	0.074402		65.00
66.00	06600	PHYSICAL THERAPY	0.136533		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174		73.00
74.00	07400	RENAL DIALYSIS	0.076001		74.00
76.00	03020	ACUPUNCTURE	0.000000		76.00
76.01	03021	SLEEP LAB	0.540279		76.01
76.02	03022	PSYCH SERVICES	0.075951		76.02
76.03	03023	WOUND CARE	0.508670		76.03
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
90.00	09000	CLINIC	0.934635		90.00
91.00	09100	EMERGENCY	0.047943		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828		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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	20,569,538		20,569,538	17,296	20,586,834	30.00
31.00	03100	INTENSIVE CARE UNIT	3,508,131		3,508,131	0	3,508,131	31.00
40.00	04000	SUBPROVIDER - IPF	2,936,176		2,936,176	17,296	2,953,472	40.00
41.00	04100	SUBPROVIDER - IRF	1,356,314		1,356,314	0	1,356,314	41.00
43.00	04300	NURSERY	354,914		354,914	0	354,914	43.00
44.00	04400	SKILLED NURSING FACILITY	1,857,585		1,857,585	0	1,857,585	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,584,611		8,584,611	0	8,584,611	50.00
51.00	05100	RECOVERY ROOM	568,048		568,048	0	568,048	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,850		1,268,850	0	1,268,850	52.00
53.00	05300	ANESTHESIOLOGY	211,124		211,124	0	211,124	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522,072		4,522,072	0	4,522,072	54.00
54.01	05401	ULTRA-SOUND	0		0	0	0	54.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
60.00	06000	LABORATORY	4,658,624		4,658,624	0	4,658,624	60.00
65.00	06500	RESPIRATORY THERAPY	1,746,851	0	1,746,851	0	1,746,851	65.00
66.00	06600	PHYSICAL THERAPY	2,739,646	0	2,739,646	0	2,739,646	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	3,442,634		3,442,634	0	3,442,634	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,230,452		2,230,452	0	2,230,452	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,863,524		2,863,524	0	2,863,524	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,501,399		5,501,399	0	5,501,399	73.00
74.00	07400	RENAL DIALYSIS	297,328		297,328	0	297,328	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	76.00
76.01	03021	SLEEP LAB	686,400		686,400	0	686,400	76.01
76.02	03022	PSYCH SERVICES	308,785		308,785	0	308,785	76.02
76.03	03023	WOUND CARE	976,411		976,411	0	976,411	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	1,443,343		1,443,343	0	1,443,343	90.00
91.00	09100	EMERGENCY	5,293,852		5,293,852	0	5,293,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	770,084		770,084		770,084	92.00
200.00		Subtotal (see instructions)	78,696,696	0	78,696,696	34,592	78,731,288	200.00
201.00		Less Observation Beds	770,084		770,084		770,084	201.00
202.00		Total (see instructions)	77,926,612	0	77,926,612	34,592	77,961,204	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	127,766,129		127,766,129			30.00
31.00	03100	INTENSIVE CARE UNIT	14,001,555		14,001,555			31.00
40.00	04000	SUBPROVIDER - IPF	19,838,690		19,838,690			40.00
41.00	04100	SUBPROVIDER - IRF	3,279,435		3,279,435			41.00
43.00	04300	NURSERY	1,140,671		1,140,671			43.00
44.00	04400	SKILLED NURSING FACILITY	5,591,476		5,591,476			44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,451,836	46,086,375	78,538,211	0.109305	0.000000	50.00
51.00	05100	RECOVERY ROOM	4,532,099	6,224,756	10,756,855	0.052808	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,223,359	136,776	3,360,135	0.377619	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	6,910,571	6,690,385	13,600,956	0.015523	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,653,464	35,345,137	45,998,601	0.098309	0.000000	54.00
54.01	05401	ULTRA-SOUND	0	0	0	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
60.00	06000	LABORATORY	50,389,152	52,363,583	102,752,735	0.045338	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	20,770,302	2,708,263	23,478,565	0.074402	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,140,943	9,924,848	20,065,791	0.136533	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	39,951,881	28,018,150	67,970,031	0.050649	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	8,112,871	227,799	8,340,670	0.267419	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,612,353	7,743,449	21,355,802	0.134086	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	27,200,225	8,252,813	35,453,038	0.155174	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,884,759	27,403	3,912,162	0.076001	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	0	1,270,454	1,270,454	0.540279	0.000000	76.01
76.02	03022	PSYCH SERVICES	1,606,210	2,459,353	4,065,563	0.075951	0.000000	76.02
76.03	03023	WOUND CARE	50,941	1,868,597	1,919,538	0.508670	0.000000	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
90.00	09000	CLINIC	0	1,544,285	1,544,285	0.934635	0.000000	90.00
91.00	09100	EMERGENCY	28,190,077	82,228,542	110,418,619	0.047943	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	878,706	2,844,601	3,723,307	0.206828	0.000000	92.00
200.00		Subtotal (see instructions)	434,177,705	295,965,569	730,143,274			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	434,177,705	295,965,569	730,143,274			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part I Date/Time Prepared: 5/30/2014 12:03 pm

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		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
41.00	04100	SUBPROVIDER - IRF		41.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
		ANCILLARY SERVICE COST CENTERS		
50.00	05000	OPERATING ROOM	0.109305	50.00
51.00	05100	RECOVERY ROOM	0.052808	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619	52.00
53.00	05300	ANESTHESIOLOGY	0.015523	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309	54.00
54.01	05401	ULTRA-SOUND	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	0.045338	60.00
65.00	06500	RESPIRATORY THERAPY	0.074402	65.00
66.00	06600	PHYSICAL THERAPY	0.136533	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174	73.00
74.00	07400	RENAL DIALYSIS	0.076001	74.00
76.00	03020	ACUPUNCTURE	0.000000	76.00
76.01	03021	SLEEP LAB	0.540279	76.01
76.02	03022	PSYCH SERVICES	0.075951	76.02
76.03	03023	WOUND CARE	0.508670	76.03
		OUTPATIENT SERVICE COST CENTERS		
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
90.00	09000	CLINIC	0.934635	90.00
91.00	09100	EMERGENCY	0.047943	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828	92.00
200.00		Subtotal (see instructions)		200.00
201.00		Less Observation Beds		201.00
202.00		Total (see instructions)		202.00

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

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Hospital | PPS

		Cost Center Description	Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,584,611	1,062,004	7,522,607	0	0	50.00
51.00	05100	RECOVERY ROOM	568,048	52,511	515,537	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,850	175,658	1,093,192	0	0	52.00
53.00	05300	ANESTHESIOLOGY	211,124	24,699	186,425	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522,072	519,351	4,002,721	0	0	54.00
54.01	05401	ULTRA-SOUND	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	4,658,624	352,402	4,306,222	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	1,746,851	213,380	1,533,471	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,739,646	453,298	2,286,348	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	3,442,634	226,920	3,215,714	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,230,452	68,220	2,162,232	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,863,524	95,755	2,767,769	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,501,399	222,145	5,279,254	0	0	73.00
74.00	07400	RENAL DIALYSIS	297,328	6,447	290,881	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021	SLEEP LAB	686,400	169,302	517,098	0	0	76.01
76.02	03022	PSYCH SERVICES	308,785	88,935	219,850	0	0	76.02
76.03	03023	WOUND CARE	976,411	80,733	895,678	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,443,343	26,608	1,416,735	0	0	90.00
91.00	09100	EMERGENCY	5,293,852	404,552	4,889,300	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	770,084	85,043	685,041	0	0	92.00
200.00		Subtotal (sum of lines 50 thru 199)	48,114,038	4,327,963	43,786,075	0	0	200.00
201.00		Less Observation Beds	770,084	85,043	685,041	0	0	201.00
202.00		Total (line 200 minus line 201)	47,343,954	4,242,920	43,101,034	0	0	202.00

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

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet C Part II Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Hospital | PPS

		Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	8,584,611	78,538,211	0.109305		50.00
51.00	05100	RECOVERY ROOM	568,048	10,756,855	0.052808		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,268,850	3,360,135	0.377619		52.00
53.00	05300	ANESTHESIOLOGY	211,124	13,600,956	0.015523		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,522,072	45,998,601	0.098309		54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000		54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700	CT SCAN	0	0	0.000000		57.00
58.00	05800	MRI	0	0	0.000000		58.00
60.00	06000	LABORATORY	4,658,624	102,752,735	0.045338		60.00
65.00	06500	RESPIRATORY THERAPY	1,746,851	23,478,565	0.074402		65.00
66.00	06600	PHYSICAL THERAPY	2,739,646	20,065,791	0.136533		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,442,634	67,970,031	0.050649		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,230,452	8,340,670	0.267419		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,863,524	21,355,802	0.134086		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,501,399	35,453,038	0.155174		73.00
74.00	07400	RENAL DIALYSIS	297,328	3,912,162	0.076001		74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000		76.00
76.01	03021	SLEEP LAB	686,400	1,270,454	0.540279		76.01
76.02	03022	PSYCH SERVICES	308,785	4,065,563	0.075951		76.02
76.03	03023	WOUND CARE	976,411	1,919,538	0.508670		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000		88.00
90.00	09000	CLINIC	1,443,343	1,544,285	0.934635		90.00
91.00	09100	EMERGENCY	5,293,852	110,418,619	0.047943		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	770,084	3,723,307	0.206828		92.00
200.00		Subtotal (sum of lines 50 thru 199)	48,114,038	558,525,318			200.00
201.00		Less Observation Beds	770,084	0			201.00
202.00		Total (line 200 minus line 201)	47,343,954	558,525,318			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 5/30/2014 12:03 pm

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	2,273,474	0	2,273,474	28,979	78.45	30.00
31.00	INTENSIVE CARE UNIT	583,783		583,783	1,910	305.65	31.00
40.00	SUBPROVIDER - IPF	352,367	0	352,367	4,680	75.29	40.00
41.00	SUBPROVIDER - IRF	194,565	0	194,565	1,102	176.56	41.00
43.00	NURSERY	27,906		27,906	551	50.65	43.00
44.00	SKILLED NURSING FACILITY	220,090		220,090	2,578	85.37	44.00
200.00	Total (lines 30-199)	3,652,185		3,652,185	39,800		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	8,080	633,876	30.00
31.00	INTENSIVE CARE UNIT	947	289,451	31.00
40.00	SUBPROVIDER - IPF	2,710	204,036	40.00
41.00	SUBPROVIDER - IRF	874	154,313	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	1,867	159,386	44.00
200.00	Total (lines 30-199)	14,478	1,441,062	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,062,004	78,538,211	0.013522	14,157,666	191,440	50.00
51.00	05100	RECOVERY ROOM	52,511	10,756,855	0.004882	1,786,666	8,723	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	3,360,135	0.052277	22,658	1,184	52.00
53.00	05300	ANESTHESIOLOGY	24,699	13,600,956	0.001816	2,986,292	5,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	45,998,601	0.011291	4,863,171	54,910	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	352,402	102,752,735	0.003430	20,387,930	69,931	60.00
65.00	06500	RESPIRATORY THERAPY	213,380	23,478,565	0.009088	10,074,338	91,556	65.00
66.00	06600	PHYSICAL THERAPY	453,298	20,065,791	0.022591	2,267,778	51,231	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	226,920	67,970,031	0.003339	17,544,055	58,580	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	8,340,670	0.008179	3,886,099	31,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	21,355,802	0.004484	7,014,766	31,454	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	35,453,038	0.006266	10,095,510	63,258	73.00
74.00	07400	RENAL DIALYSIS	6,447	3,912,162	0.001648	2,003,144	3,301	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	169,302	1,270,454	0.133261	0	0	76.01
76.02	03022	PSYCH SERVICES	88,935	4,065,563	0.021875	142,925	3,126	76.02
76.03	03023	WOUND CARE	80,733	1,919,538	0.042059	41,447	1,743	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,608	1,544,285	0.017230	0	0	90.00
91.00	09100	EMERGENCY	404,552	110,418,619	0.003664	10,356,852	37,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	85,043	3,723,307	0.022841	603,203	13,778	92.00
200.00		Total (lines 50-199)	4,327,963	558,525,318		108,234,500	719,370	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
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	28,979	0.00	8,080	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,910	0.00	947	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,680	0.00	2,710	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,102	0.00	874	0		41.00
43.00	04300	NURSERY	551	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	2,578	0.00	1,867	0		44.00
200.00		Total (lines 30-199)	39,800		14,478	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

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	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:03 pm

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	78,538,211	0.000000	0.000000	14,157,666	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	1,786,666	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	22,658	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	2,986,292	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	4,863,171	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	20,387,930	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	10,074,338	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	2,267,778	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	17,544,055	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	3,886,099	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	7,014,766	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	10,095,510	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	2,003,144	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	142,925	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	41,447	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	10,356,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	603,203	92.00
200.00		Total (lines 50-199)	0	558,525,318			108,234,500	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:03 pm

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	9,425,725	0		50.00
51.00	05100	RECOVERY ROOM	0	987,038	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,011,316	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,964,545	0		54.00
54.01	05401	ULTRA-SOUND	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	398,879	0		60.00
65.00	06500	RESPIRATORY THERAPY	0	799,941	0		65.00
66.00	06600	PHYSICAL THERAPY	0	2,750	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	10,144,461	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	87,916	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,362,915	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,595,003	0		73.00
74.00	07400	RENAL DIALYSIS	0	13,701	0		74.00
76.00	03020	ACUPUNCTURE	0	0	0		76.00
76.01	03021	SLEEP LAB	0	339,160	0		76.01
76.02	03022	PSYCH SERVICES	0	14,358	0		76.02
76.03	03023	WOUND CARE	0	1,179,541	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
90.00	09000	CLINIC	0	0	0		90.00
91.00	09100	EMERGENCY	0	12,985,874	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	638,913	0		92.00
200.00		Total (lines 50-199)	0	50,952,036	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 12:03 pm

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	0.109305	9,425,725	0	0	1,030,279	50.00
51.00	05100	RECOVERY ROOM	0.052808	987,038	0	0	52,124	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015523	1,011,316	0	0	15,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309	7,964,545	0	0	782,986	54.00
54.01	05401	ULTRA-SOUND	0.000000	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
60.00	06000	LABORATORY	0.045338	398,879	0	21,187	18,084	60.00
65.00	06500	RESPIRATORY THERAPY	0.074402	799,941	0	0	59,517	65.00
66.00	06600	PHYSICAL THERAPY	0.136533	2,750	0	0	375	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649	10,144,461	0	0	513,807	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419	87,916	0	0	23,510	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086	3,362,915	0	0	450,920	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174	1,595,003	0	1,065	247,503	73.00
74.00	07400	RENAL DIALYSIS	0.076001	13,701	0	0	1,041	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0.540279	339,160	0	0	183,241	76.01
76.02	03022	PSYCH SERVICES	0.075951	14,358	0	0	1,091	76.02
76.03	03023	WOUND CARE	0.508670	1,179,541	0	0	599,997	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
90.00	09000	CLINIC	0.934635	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.047943	12,985,874	0	0	622,582	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828	638,913	0	0	132,145	92.00
200.00		Subtotal (see instructions)		50,952,036	0	22,252	4,734,901	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		50,952,036	0	22,252	4,734,901	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part V Date/Time Prepared: 5/30/2014 12:03 pm

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	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	ULTRA-SOUND	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	961		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	165		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
76.02	03022	PSYCH SERVICES	0	0		76.02
76.03	03023	WOUND CARE	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
90.00	09000	CLINIC	0	0		90.00
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00		Subtotal (see instructions)	0	1,126		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	1,126		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II | Date/Time Prepared: 5/30/2014 12:03 pm

Component CCN: 14S125 | 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	1,062,004	78,538,211	0.013522	0	0	50.00
51.00	05100	RECOVERY ROOM	52,511	10,756,855	0.004882	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	3,360,135	0.052277	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,699	13,600,956	0.001816	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	45,998,601	0.011291	99,811	1,127	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	352,402	102,752,735	0.003430	1,178,836	4,043	60.00
65.00	06500	RESPIRATORY THERAPY	213,380	23,478,565	0.009088	142,051	1,291	65.00
66.00	06600	PHYSICAL THERAPY	453,298	20,065,791	0.022591	175,294	3,960	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	226,920	67,970,031	0.003339	124,693	416	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	8,340,670	0.008179	79,101	647	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	21,355,802	0.004484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	35,453,038	0.006266	1,183,925	7,418	73.00
74.00	07400	RENAL DIALYSIS	6,447	3,912,162	0.001648	113,448	187	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	169,302	1,270,454	0.133261	0	0	76.01
76.02	03022	PSYCH SERVICES	88,935	4,065,563	0.021875	148,731	3,253	76.02
76.03	03023	WOUND CARE	80,733	1,919,538	0.042059	172	7	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,608	1,544,285	0.017230	0	0	90.00
91.00	09100	EMERGENCY	404,552	110,418,619	0.003664	952,317	3,489	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,242,920	558,525,318		4,198,379	25,838	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

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	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

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	78,538,211	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	99,811	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	1,178,836	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	142,051	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	175,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	124,693	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	79,101	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	1,183,925	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	113,448	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	148,731	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	172	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	952,317	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			4,198,379	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II | Date/Time Prepared: 5/30/2014 12:03 pm

Component CCN: 14T125 | Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,062,004	78,538,211	0.013522	39,724	537	50.00
51.00	05100	RECOVERY ROOM	52,511	10,756,855	0.004882	6,470	32	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	3,360,135	0.052277	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,699	13,600,956	0.001816	4,100	7	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	45,998,601	0.011291	83,439	942	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	352,402	102,752,735	0.003430	719,360	2,467	60.00
65.00	06500	RESPIRATORY THERAPY	213,380	23,478,565	0.009088	309,769	2,815	65.00
66.00	06600	PHYSICAL THERAPY	453,298	20,065,791	0.022591	2,288,408	51,697	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	226,920	67,970,031	0.003339	56,436	188	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	8,340,670	0.008179	142,571	1,166	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	21,355,802	0.004484	450	2	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	35,453,038	0.006266	688,813	4,316	73.00
74.00	07400	RENAL DIALYSIS	6,447	3,912,162	0.001648	331,848	547	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	169,302	1,270,454	0.133261	0	0	76.01
76.02	03022	PSYCH SERVICES	88,935	4,065,563	0.021875	0	0	76.02
76.03	03023	WOUND CARE	80,733	1,919,538	0.042059	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,608	1,544,285	0.017230	0	0	90.00
91.00	09100	EMERGENCY	404,552	110,418,619	0.003664	10,235	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,242,920	558,525,318		4,681,623	64,754	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	78,538,211	0.000000	0.000000	39,724	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	6,470	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	4,100	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	83,439	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	719,360	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	309,769	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	2,288,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	56,436	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	142,571	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	450	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	688,813	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	331,848	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	10,235	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			4,681,623	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Skilled Nursing Facility | 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	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Skilled Nursing Facility | 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	78,538,211	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	51,404	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	910,369	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	1,192,817	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	2,064,010	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	106,885	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	519,249	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	1,183,426	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	872	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			6,029,032	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part I Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	2,273,474	0	2,273,474	28,979	78.45	30.00
31.00	INTENSIVE CARE UNIT	583,783		583,783	1,910	305.65	31.00
40.00	SUBPROVIDER - IPF	352,367	0	352,367	4,680	75.29	40.00
41.00	SUBPROVIDER - IRF	194,565	0	194,565	1,102	176.56	41.00
43.00	NURSERY	27,906		27,906	551	50.65	43.00
44.00	SKILLED NURSING FACILITY	220,090		220,090	2,578	85.37	44.00
200.00	Total (lines 30-199)	3,652,185		3,652,185	39,800		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	9,807	769,359	30.00
31.00	INTENSIVE CARE UNIT	119	36,372	31.00
40.00	SUBPROVIDER - IPF	844	63,545	40.00
41.00	SUBPROVIDER - IRF	143	25,248	41.00
43.00	NURSERY	478	24,211	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	11,391	918,735	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	1,062,004	78,538,211	0.013522	0	0	50.00
51.00	05100	RECOVERY ROOM	52,511	10,756,855	0.004882	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	3,360,135	0.052277	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,699	13,600,956	0.001816	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	45,998,601	0.011291	0	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	352,402	102,752,735	0.003430	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	213,380	23,478,565	0.009088	0	0	65.00
66.00	06600	PHYSICAL THERAPY	453,298	20,065,791	0.022591	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	226,920	67,970,031	0.003339	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	8,340,670	0.008179	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	21,355,802	0.004484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	35,453,038	0.006266	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,447	3,912,162	0.001648	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	169,302	1,270,454	0.133261	0	0	76.01
76.02	03022	PSYCH SERVICES	88,935	4,065,563	0.021875	0	0	76.02
76.03	03023	WOUND CARE	80,733	1,919,538	0.042059	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,608	1,544,285	0.017230	0	0	90.00
91.00	09100	EMERGENCY	404,552	110,418,619	0.003664	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	85,043	3,723,307	0.022841	0	0	92.00
200.00		Total (lines 50-199)	4,327,963	558,525,318		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part III Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
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	28,979	0.00	9,807	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,910	0.00	119	0		31.00
40.00	04000	SUBPROVIDER - IPF	4,680	0.00	844	0		40.00
41.00	04100	SUBPROVIDER - IRF	1,102	0.00	143	0		41.00
43.00	04300	NURSERY	551	0.00	478	0		43.00
44.00	04400	SKILLED NURSING FACILITY	2,578	0.00	0	0		44.00
200.00		Total (lines 30-199)	39,800		11,391	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	78,538,211	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II | Date/Time Prepared: 5/30/2014 12:03 pm

Component CCN: 14S125 | Title XIX | 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	1,062,004	78,538,211	0.013522	0	0	50.00
51.00	05100	RECOVERY ROOM	52,511	10,756,855	0.004882	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	3,360,135	0.052277	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,699	13,600,956	0.001816	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	45,998,601	0.011291	0	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	352,402	102,752,735	0.003430	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	213,380	23,478,565	0.009088	0	0	65.00
66.00	06600	PHYSICAL THERAPY	453,298	20,065,791	0.022591	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	226,920	67,970,031	0.003339	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	8,340,670	0.008179	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	21,355,802	0.004484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	35,453,038	0.006266	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,447	3,912,162	0.001648	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	169,302	1,270,454	0.133261	0	0	76.01
76.02	03022	PSYCH SERVICES	88,935	4,065,563	0.021875	0	0	76.02
76.03	03023	WOUND CARE	80,733	1,919,538	0.042059	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,608	1,544,285	0.017230	0	0	90.00
91.00	09100	EMERGENCY	404,552	110,418,619	0.003664	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,242,920	558,525,318		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	78,538,211	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Subprovider - IPF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part II | Date/Time Prepared: 5/30/2014 12:03 pm

Component CCN: 14T125 | Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,062,004	78,538,211	0.013522	0	0	50.00
51.00	05100	RECOVERY ROOM	52,511	10,756,855	0.004882	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	175,658	3,360,135	0.052277	0	0	52.00
53.00	05300	ANESTHESIOLOGY	24,699	13,600,956	0.001816	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	519,351	45,998,601	0.011291	0	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
60.00	06000	LABORATORY	352,402	102,752,735	0.003430	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	213,380	23,478,565	0.009088	0	0	65.00
66.00	06600	PHYSICAL THERAPY	453,298	20,065,791	0.022591	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	226,920	67,970,031	0.003339	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	68,220	8,340,670	0.008179	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	95,755	21,355,802	0.004484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,145	35,453,038	0.006266	0	0	73.00
74.00	07400	RENAL DIALYSIS	6,447	3,912,162	0.001648	0	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	169,302	1,270,454	0.133261	0	0	76.01
76.02	03022	PSYCH SERVICES	88,935	4,065,563	0.021875	0	0	76.02
76.03	03023	WOUND CARE	80,733	1,919,538	0.042059	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	26,608	1,544,285	0.017230	0	0	90.00
91.00	09100	EMERGENCY	404,552	110,418,619	0.003664	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,242,920	558,525,318		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	78,538,211	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Subprovider - IRF | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Skilled Nursing Facility | 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	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
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: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Skilled Nursing Facility | 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	78,538,211	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	10,756,855	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,360,135	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	13,600,956	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,998,601	0.000000	0.000000	0	54.00
54.01	05401	ULTRA-SOUND	0	0	0.000000	0.000000	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
60.00	06000	LABORATORY	0	102,752,735	0.000000	0.000000	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	23,478,565	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	20,065,791	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,970,031	0.000000	0.000000	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,340,670	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	21,355,802	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	35,453,038	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,912,162	0.000000	0.000000	0	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	1,270,454	0.000000	0.000000	0	76.01
76.02	03022	PSYCH SERVICES	0	4,065,563	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	1,919,538	0.000000	0.000000	0	76.03
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	1,544,285	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	110,418,619	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,723,307	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	558,525,318			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D Part IV | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Skilled Nursing Facility | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	ULTRA-SOUND	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
76.02	03022	PSYCH SERVICES	0	0	0		76.02
76.03	03023	WOUND CARE	0	0	0		76.03
		OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
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	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	28,979	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	28,979	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.	4,150	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	23,745	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	8,080	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)	20,586,834	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)	20,586,834	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	127,767,755	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	127,767,755	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.161127	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)	5,380.83	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)	20,586,834	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)	710.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	5,740,113	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)	5,740,113	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,508,131	1,910	1,836.72	947	1,739,374	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)	9,398,811	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	16,878,298	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)	923,327	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	719,370	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	1,642,697	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	15,235,601	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,084	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	710.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	770,084	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	2,273,474	20,586,834	0.110433	770,084	85,043	90.00
91.00	Nursing School cost	0	20,586,834	0.000000	770,084	0	91.00
92.00	Allied health cost	0	20,586,834	0.000000	770,084	0	92.00
93.00	All other Medical Education	0	20,586,834	0.000000	770,084	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140125 Component CCN: 14S125	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	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)	4,680	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,680	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,680	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,710	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)	2,953,472	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)	2,953,472	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)	2,953,472	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)	631.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,710,227	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)	1,710,227	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

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)	374,605	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	2,084,832	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)	204,036	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	25,838	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	229,874	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,854,958	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: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

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	352,367	2,953,472	0.119306	0	0	90.00
91.00	Nursing School cost	0	2,953,472	0.000000	0	0	91.00
92.00	Allied health cost	0	2,953,472	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,953,472	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,102	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,102	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)	1,102	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)	874	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)	1,356,314	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)	1,356,314	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)	1,356,314	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)	1,230.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,075,693	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)	1,075,693	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	554,697	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,630,390	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)	154,313	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	64,754	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	219,067	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	1,411,323	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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1

Component CCN: 14T125 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	194,565	1,356,314	0.143451	0	0	90.00
91.00	Nursing School cost	0	1,356,314	0.000000	0	0	91.00
92.00	Allied health cost	0	1,356,314	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,356,314	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Skilled Nursing Facility	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)	2,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,578	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)	2,578	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)	1,867	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)	1,857,585	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)	1,857,585	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)	1,857,585	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Skilled Nursing Facility | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	1,857,585	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	720.55	71.00
72.00	Program routine service cost (line 9 x line 71)	1,345,267	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	1,345,267	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	1,345,267	83.00
84.00	Program inpatient ancillary services (see instructions)	745,232	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	2,090,499	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: 140125 Component CCN: 145562	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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)	28,979	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	28,979	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)	27,895	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)	9,807	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)	551	15.00
16.00	Nursery days (title V or XIX only)	478	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)	20,586,834	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)	20,586,834	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)	20,586,834	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)	710.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	6,966,991	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	6,966,991	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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)	354,914	551	644.13	478	307,894	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,508,131	1,910	1,836.72	119	218,570	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	7,493,455	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)	829,942	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	829,942	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	6,663,513	53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges	0	54.00
55.00	Target amount per discharge	0.00	55.00
56.00	Target amount (line 54 x line 55)	0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)	0	57.00
58.00	Bonus payment (see instructions)	0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket	0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket	0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)	0	61.00
62.00	Relief payment (see instructions)	0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)	0	63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)	0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)	0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)	0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)	0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)	0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)	0	69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)		70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)		71.00
72.00	Program routine service cost (line 9 x line 71)		72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)		73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)		74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)		75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)		76.00
77.00	Program capital-related costs (line 9 x line 76)		77.00
78.00	Inpatient routine service cost (line 74 minus line 77)		78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)		79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)		80.00
81.00	Inpatient routine service cost per diem limitation		81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)		82.00
83.00	Reasonable inpatient routine service costs (see instructions)		83.00
84.00	Program inpatient ancillary services (see instructions)		84.00
85.00	Utilization review - physician compensation (see instructions)		85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)		86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST		
87.00	Total observation bed days (see instructions)	1,084	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	710.41	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	770,084	89.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	2,273,474	20,586,834	0.110433	770,084	85,043	90.00
91.00	Nursing School cost	0	20,586,834	0.000000	770,084	0	91.00
92.00	Allied health cost	0	20,586,834	0.000000	770,084	0	92.00
93.00	All other Medical Education	0	20,586,834	0.000000	770,084	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140125 Component CCN: 14S125	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XIX	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)	4,680	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,680	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,680	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)	844	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)	551	15.00
16.00	Nursery days (title V or XIX only)	478	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)	2,953,472	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)	2,953,472	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)	2,953,472	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)	631.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	532,632	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)	532,632	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	532,632	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)	63,545	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	63,545	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	469,087	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: 140125 | Component CCN: 14S125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | 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	352,367	2,953,472	0.119306	0	0	90.00
91.00	Nursing School cost	0	2,953,472	0.000000	0	0	91.00
92.00	Allied health cost	0	2,953,472	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,953,472	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XIX	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	1,102	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	1,102	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)	1,102	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)	143	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)	551	15.00
16.00	Nursery days (title V or XIX only)	478	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)	1,356,314	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)	1,356,314	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)	1,356,314	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)	1,230.77	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	176,000	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)	176,000	41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Subprovider - IRF | PPS

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

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	176,000	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)	25,248	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	25,248	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	150,752	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: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Subprovider - IRF | PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	194,565	1,356,314	0.143451	0	0	90.00
91.00	Nursing School cost	0	1,356,314	0.000000	0	0	91.00
92.00	Allied health cost	0	1,356,314	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,356,314	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XIX	Skilled Nursing Facility	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)	2,578	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	2,578	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)	2,578	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)	0	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)	551	15.00
16.00	Nursery days (title V or XIX only)	478	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)	1,857,585	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)	1,857,585	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)	1,857,585	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)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-1 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XIX | Skilled Nursing Facility | 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)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						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)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		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)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		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		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		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)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		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)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		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)		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)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		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)	1,857,585	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	720.55	71.00
72.00	Program routine service cost (line 9 x line 71)	0	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	0	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	220,090	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	85.37	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	0	83.00
84.00	Program inpatient ancillary services (see instructions)	0	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	0	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: 140125 Component CCN: 145562	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/30/2014 12:03 pm
	Title XIX	Skilled Nursing Facility	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		37,095,978		30.00
31.00	03100	INTENSIVE CARE UNIT		6,970,459		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.109305	14,157,666	1,547,504	50.00
51.00	05100	RECOVERY ROOM	0.052808	1,786,666	94,350	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619	22,658	8,556	52.00
53.00	05300	ANESTHESIOLOGY	0.015523	2,986,292	46,356	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309	4,863,171	478,093	54.00
54.01	05401	ULTRA-SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.045338	20,387,930	924,348	60.00
65.00	06500	RESPIRATORY THERAPY	0.074402	10,074,338	749,551	65.00
66.00	06600	PHYSICAL THERAPY	0.136533	2,267,778	309,627	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649	17,544,055	888,589	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419	3,886,099	1,039,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086	7,014,766	940,582	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174	10,095,510	1,566,561	73.00
74.00	07400	RENAL DIALYSIS	0.076001	2,003,144	152,241	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.540279	0	0	76.01
76.02	03022	PSYCH SERVICES	0.075951	142,925	10,855	76.02
76.03	03023	WOUND CARE	0.508670	41,447	21,083	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.934635	0	0	90.00
91.00	09100	EMERGENCY	0.047943	10,356,852	496,539	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828	603,203	124,759	92.00
200.00		Total (sum of lines 50-94 and 96-98)		108,234,500	9,398,811	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)		108,234,500		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3

Component CCN: 14S125 | Date/Time Prepared: 5/30/2014 12:03 pm

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		11,452,148		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.109305	0	0	50.00
51.00	05100	RECOVERY ROOM	0.052808	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015523	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309	99,811	9,812	54.00
54.01	05401	ULTRA-SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.045338	1,178,836	53,446	60.00
65.00	06500	RESPIRATORY THERAPY	0.074402	142,051	10,569	65.00
66.00	06600	PHYSICAL THERAPY	0.136533	175,294	23,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649	124,693	6,316	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419	79,101	21,153	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174	1,183,925	183,714	73.00
74.00	07400	RENAL DIALYSIS	0.076001	113,448	8,622	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.540279	0	0	76.01
76.02	03022	PSYCH SERVICES	0.075951	148,731	11,296	76.02
76.03	03023	WOUND CARE	0.508670	172	87	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.934635	0	0	90.00
91.00	09100	EMERGENCY	0.047943	952,317	45,657	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,198,379	374,605	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)		4,198,379		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3

Component CCN: 14T125 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		2,599,029		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.109305	39,724	4,342	50.00
51.00	05100	RECOVERY ROOM	0.052808	6,470	342	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015523	4,100	64	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309	83,439	8,203	54.00
54.01	05401	ULTRA-SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.045338	719,360	32,614	60.00
65.00	06500	RESPIRATORY THERAPY	0.074402	309,769	23,047	65.00
66.00	06600	PHYSICAL THERAPY	0.136533	2,288,408	312,443	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649	56,436	2,858	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419	142,571	38,126	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086	450	60	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174	688,813	106,886	73.00
74.00	07400	RENAL DIALYSIS	0.076001	331,848	25,221	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.540279	0	0	76.01
76.02	03022	PSYCH SERVICES	0.075951	0	0	76.02
76.03	03023	WOUND CARE	0.508670	0	0	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.934635	0	0	90.00
91.00	09100	EMERGENCY	0.047943	10,235	491	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		4,681,623	554,697	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)		4,681,623		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet D-3

Component CCN: 145562 | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Skilled Nursing Facility | 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		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.109305	0	0	50.00
51.00	05100	RECOVERY ROOM	0.052808	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.377619	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.015523	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.098309	51,404	5,053	54.00
54.01	05401	ULTRA-SOUND	0.000000	0	0	54.01
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MRI	0.000000	0	0	58.00
60.00	06000	LABORATORY	0.045338	910,369	41,274	60.00
65.00	06500	RESPIRATORY THERAPY	0.074402	1,192,817	88,748	65.00
66.00	06600	PHYSICAL THERAPY	0.136533	2,064,010	281,805	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.050649	106,885	5,414	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.267419	519,249	138,857	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.134086	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.155174	1,183,426	183,637	73.00
74.00	07400	RENAL DIALYSIS	0.076001	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021	SLEEP LAB	0.540279	0	0	76.01
76.02	03022	PSYCH SERVICES	0.075951	0	0	76.02
76.03	03023	WOUND CARE	0.508670	872	444	76.03
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
90.00	09000	CLINIC	0.934635	0	0	90.00
91.00	09100	EMERGENCY	0.047943	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.206828	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		6,029,032	745,232	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)		6,029,032		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 12:03 pm
	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)		9,072,505		1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		2,752,214		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)		200,515		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		3,308,721		3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		306.03		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)		11.64		30.00
31.00	Percentage of Medicaid patient days (see instructions)		36.38		31.00
32.00	Sum of lines 30 and 31		48.02		32.00
33.00	Allowable disproportionate share percentage (see instructions)		28.83		33.00
34.00	Disproportionate share adjustment (see instructions)		2,813,969		34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E Part A | Date/Time Prepared: 5/30/2014 12:03 pm

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)			0.000405877	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,671,719	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			925,475	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		925,475		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)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0		43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0		46.00
47.00	Subtotal (see instructions)		15,764,678		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)		15,764,678		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,082,860		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0		51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0		52.00
53.00	Nursing and Allied Health Managed Care payment		0		53.00
54.00	Special add-on payments for new technologies		0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0		58.00
59.00	Total (sum of amounts on lines 49 through 58)		16,847,538		59.00
60.00	Primary payer payments		24,606		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		16,822,932		61.00
62.00	Deductibles billed to program beneficiaries		1,485,444		62.00
63.00	Coinsurance billed to program beneficiaries		90,874		63.00
64.00	Allowable bad debts (see instructions)		1,431,807		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		930,675		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,365,606		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		16,177,289		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)		5,886		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-23,079		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: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/30/2014 12:03 pm
	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)		16,160,096		71.00
71.01	Sequestration adjustment (see instructions)		244,017		71.01
72.00	Interim payments		15,830,585		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		85,494		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		1,563,608		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: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	1,126	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	4,734,901	2.00
3.00	PPS payments	4,253,114	3.00
4.00	Outlier payment (see instructions)	67,618	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)	1,126	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	22,252	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)	22,252	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)	22,252	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	21,126	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)	1,126	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)	4,320,732	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)	969,033	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)	3,352,825	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)	3,352,825	30.00
31.00	Primary payer payments	2,097	31.00
32.00	Subtotal (line 30 minus line 31)	3,350,728	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)	318,262	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	206,870	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	291,329	36.00
37.00	Subtotal (see instructions)	3,557,598	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)	3,557,598	40.00
40.01	Sequestration adjustment (see instructions)	53,720	40.01
41.00	Interim payments	3,516,952	41.00
42.00	Tentative settlement (for contractors use only)	0	42.00
43.00	Balance due provider/program (see instructions)	-13,074	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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Hospital | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		15,477,585		3,516,952	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	08/02/2013	353,000		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)		353,000		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)		15,830,585		3,516,952	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		85,494		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		13,074	6.02
7.00	Total Medicare program liability (see instructions)		15,916,079		3,503,878	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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

Component CCN: 14S125 | 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		1,979,762		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,979,762		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		7,810		0	6.02
7.00	Total Medicare program liability (see instructions)		1,971,952		0	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: 140125 | Component CCN: 14T125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Subprovider - IRF | PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,350,621		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,350,621		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		16,138		0	6.02
7.00	Total Medicare program liability (see instructions)		1,334,483		0	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: 140125 | Component CCN: 145562 | Period: From 01/01/2013 To 12/31/2013 | Worksheet E-1 Part I | Date/Time Prepared: 5/30/2014 12:03 pm

Title XVIII | Skilled Nursing Facility | 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		636,842		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		636,842		0	4.00
	TO BE COMPLETED BY CONTRACTOR					
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
	Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
	Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		3,317		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		640,159		0	7.00

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

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT	Provider CCN: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	6,203	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	9,027	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	2,435	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	29,805	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	730,143,274	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	31,063,401	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)	906,853	8.00
9.00	Sequestration adjustment amount (see instructions)	18,137	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	888,716	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	930,698	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)	-41,982	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125 Component CCN: 14S125	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/30/2014 12:03 pm
	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)	2,185,224	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)	12.821918	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)	2,185,224	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)	2,185,224	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	2,185,224	18.00
19.00	Deductibles	189,244	19.00
20.00	Subtotal (line 18 minus line 19)	1,995,980	20.00
21.00	Coinsurance	66,896	21.00
22.00	Subtotal (line 20 minus line 21)	1,929,084	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	112,463	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	73,101	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	104,897	25.00
26.00	Subtotal (sum of lines 22 and 24)	2,002,185	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)	2,002,185	31.00
31.01	Sequestration adjustment (see instructions)	30,233	31.01
32.00	Interim payments	1,979,762	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	-7,810	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

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125 Component CCN: 14T125	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Subprovider - IRF	PPS

		Prior to 10/01	On/After 10/01	
		1.00	1.01	
	PART III - MEDICARE PART A SERVICES - IRF PPS			
1.00	Net Federal PPS Payment (see instructions)	749,501	349,963	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0652		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	65,057	20,648	3.00
4.00	Outlier Payments	172,372		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	3.019178		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	1,357,541		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	1,357,541		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	1,357,541		19.00
20.00	Deductibles	8,288		20.00
21.00	Subtotal (line 19 minus line 20)	1,349,253		21.00
22.00	Coinsurance	0		22.00
23.00	Subtotal (line 21 minus line 22)	1,349,253		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	8,754		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	5,690		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,754		26.00
27.00	Subtotal (sum of lines 23 and 25)	1,354,943		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	0		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	1,354,943		32.00
32.01	Sequestration adjustment (see instructions)	20,460		32.01
33.00	Interim payments	1,350,621		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	-16,138		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	11,953		36.00
	TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	172,372		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140125 Component CCN: 145562	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	665,961	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	665,961	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	19,980	7.00
8.00	Allowable bad debts (see instructions)	4,750	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	3,937	9.00
10.00	Adjusted reimbursable bad debts (see instructions)	3,993	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	649,974	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	649,974	15.00
15.01	Sequestration adjustment (see instructions)	9,815	15.01
16.00	Interim payments	636,842	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17	3,317	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G | Date/Time Prepared: 5/30/2014 12:03 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
	CURRENT ASSETS					
1.00	Cash on hand in banks	-75,744	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	26,710,548	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-6,932,400	0	0	0	6.00
7.00	Inventory	2,231,940	0	0	0	7.00
8.00	Prepaid expenses	712,940	0	0	0	8.00
9.00	Other current assets	77,528	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)	22,724,812	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	2,904,596	0	0	0	12.00
13.00	Land improvements	3,192,827	0	0	0	13.00
14.00	Accumulated depreciation	-1,310,626	0	0	0	14.00
15.00	Buildings	20,706,292	0	0	0	15.00
16.00	Accumulated depreciation	-7,368,912	0	0	0	16.00
17.00	Leasehold improvements	30,924,261	0	0	0	17.00
18.00	Accumulated depreciation	-9,346,949	0	0	0	18.00
19.00	Fixed equipment	5,577,773	0	0	0	19.00
20.00	Accumulated depreciation	-2,336,466	0	0	0	20.00
21.00	Automobiles and trucks	58,595	0	0	0	21.00
22.00	Accumulated depreciation	-55,478	0	0	0	22.00
23.00	Major movable equipment	18,171,265	0	0	0	23.00
24.00	Accumulated depreciation	-10,793,452	0	0	0	24.00
25.00	Minor equipment depreciable	5,742,469	0	0	0	25.00
26.00	Accumulated depreciation	-2,806,082	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)	53,260,113	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	2,667,008	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	2,667,008	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	78,651,933	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	10,800,582	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,477,181	0	0	0	38.00
39.00	Payroll taxes payable	391,883	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	4,163,060	0	0	0	43.00
44.00	Other current liabilities	1,019,565	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	19,852,271	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	0	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	19,852,271	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	58,799,662				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)	58,799,662	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	78,651,933	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-1 | Date/Time Prepared: 5/30/2014 12:03 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		61,480,284		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-2,680,621				2.00
3.00	Total (sum of line 1 and line 2)		58,799,663		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)		58,799,663		0		11.00
12.00	ROUNDING	1		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)		1		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		58,799,662		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: 140125 | Period: From 01/01/2013 To 12/31/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2014 12:03 pm

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	128,908,426		128,908,426	1.00
2.00	SUBPROVIDER - IPF	19,838,690		19,838,690	2.00
3.00	SUBPROVIDER - IRF	3,279,435		3,279,435	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	5,591,476		5,591,476	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)	157,618,027		157,618,027	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	14,001,555		14,001,555	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)	14,001,555		14,001,555	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	171,619,582		171,619,582	17.00
18.00	Ancillary services	233,489,341	209,348,141	442,837,482	18.00
19.00	Outpatient services	29,068,783	86,617,428	115,686,211	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)	434,177,706	295,965,569	730,143,275	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		125,683,748		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)		125,683,748		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/30/2014 12:03 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	730,143,275	1.00
2.00	Less contractual allowances and discounts on patients' accounts	610,004,470	2.00
3.00	Net patient revenues (line 1 minus line 2)	120,138,805	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	125,683,748	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-5,544,943	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	MISC	2,864,322	24.00
25.00	Total other income (sum of lines 6-24)	2,864,322	25.00
26.00	Total (line 5 plus line 25)	-2,680,621	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)	-2,680,621	29.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 140125	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/30/2014 12:03 pm
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	936,038	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	51,253	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)	81.66	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)	11.64	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	36.38	8.00
9.00	Sum of lines 7 and 8	48.02	9.00
10.00	Allowable disproportionate share percentage (see instructions)	10.21	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	95,569	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	1,082,860	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