

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: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/29/2014 7:51 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2014	Time: 7:51 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ADVOCATE NORTHSIDE HEALTH SYSTEM ( 140182 ) 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 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	927,237	449,353	-28,845	0	1.00
2.00 Subprovider - IPF	0	143,589	0		0	2.00
3.00 Subprovider - IRF	0	-41,055	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00 Total	0	1,029,771	449,353	-28,845	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: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 7:50 am
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 836 WELLINGTON	PO Box:	Zip Code: 60640-	County: COOK
2.00	City: CHICAGO	State: IL		

	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	ADVOCATE NORTHSIDE HEALTH SYSTEM	140182	16974	1	07/01/1966	0	P	0	3.00
4.00	Subprovider - IPF	ADVOCATE NORTHSIDE HEALTH SYSTEM PSY	14S182	16974	4	01/11/1983	0	P	0	4.00
5.00	Subprovider - IRF	ADVOCATE NORTHSIDE HEALTH REHAB	14T182	16974	5	12/28/2003	0	P	0	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2013	12/31/2013			20.00
21.00	Type of Control (see instructions)						1			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)					Y	Y			22.01	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3	N			23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	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.							24.00
	17,895	2,622	0	0	260	7		
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.							25.00
	396	82	0	0	0			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 7:50 am		
		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	
		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	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	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)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, 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/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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140182

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

		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
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	
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
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
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
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)				Y	63.00
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))
				1.00	2.00	3.00
<u>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.</u>						
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	92.04	0.000000 64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE - UIC	1350	7.11	94.87	0.069720 65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 7:50 am		
		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	99.51	0.000000		66.00
		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
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)	FAMILY PRACTICE - UIC	1350	5.58	81.00	0.064449
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 reporting period 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)			Y	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)			Y	N 0	76.00
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
Title V and XIX Services						
				V	XIX	
				1.00	2.00	
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.			Y	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

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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00	
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
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.				109.00	
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	12,434,640	2,107,500			0118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N		120.00
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

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		1.00	2.00				
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	14H036	140.00			
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: ADVOCATE HEALTHCARE	Contractor's Name: NATIONAL GOVT. SVCS.		Contractor's Number: 00131			
142.00	Street: 3075 HIGHLAND PARKWAY	PO Box: SUITE 600					
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515				
				1.00			
144.00	Are provider based physicians' costs included in Worksheet A?	Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.	Y		145.00			
				1.00			
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 1.00	Part B 2.00	Title V 3.00	Title XIX 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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)			0			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.50		169.00			
		Beginning 1.00		Ending 2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013		170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 7:50 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	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)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		05/21/2013	Y
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
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.	Y			N
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



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 7:50 am	
	Description	Part A		Part B	
		Y/N	Date	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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	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			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			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.				33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			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	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			Y	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MARY	SEBO		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH CARE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5763	MARY.SEBO@ADVOCATEHEALTH.COM		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/12/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	156	56,940	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)		156	56,940	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	24,455	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	43	15,695	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		266	97,090	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	35	12,775		0	16.00
17.00 SUBPROVIDER - IRF	41.00	22	8,030		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		323				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)		10	3,650			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: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	6,335	10,552	33,059			1.00
2.00 HMO and other (see instructions)	3,457	2,259				2.00
3.00 HMO IPF Subprovider	131	0				3.00
4.00 HMO IRF Subprovider	419	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,335	10,552	33,059			7.00
8.00 INTENSIVE CARE UNIT	3,228	4,633	14,194			8.00
9.00 CORONARY CARE UNIT	3,892	766	8,064			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,884	4,420			13.00
14.00 Total (see instructions)	13,455	17,835	59,737	178.19	1,933.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,535	3,741	10,178	1.50	54.00	16.00
17.00 SUBPROVIDER - IRF	2,319	478	5,171	0.81	25.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	249			24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				180.50	2,012.00	27.00
28.00 Observation Bed Days		0	7,910			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	690	1,529			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: 140182

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,091	3,277	14,145	1.00
2.00 HMO and other (see instructions)			885			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,091	3,277	14,145	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	371	463	1,367	16.00
17.00 SUBPROVIDER - IRF	0.00	0	154	32	369	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/29/2014 7:50 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	134,447,167	0	134,447,167	4,184,960.00	32.13	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		2,027,166	0	2,027,166	19,354.00	104.74	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	13,619,424	0	13,619,424	443,040.00	30.74	7.00
7.01	Contracted interns and residents (in an approved programs)		1,265,304	0	1,265,304	33,196.80	38.12	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		5,032,122	211,402	5,243,524	164,320.00	31.91	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		827,823	0	827,823	6,520.23	126.96	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		2,647,946	0	2,647,946	25,281.00	104.74	13.00
14.00	Home office salaries & wage-related costs		11,700,308	0	11,700,308	177,203.00	66.03	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		26,181,739	0	26,181,739			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		1,415,298	0	1,415,298			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		570,146	0	570,146			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/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		3,830,499	0	3,830,499			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	3,418,554	0	3,418,554	16,640.00	205.44	26.00
27.00	Administrative & General	5.00	13,810,990	0	13,810,990	455,520.00	30.32	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	3,755,249	0	3,755,249	141,440.00	26.55	30.00
31.00	Laundry & Linen Service	8.00	225,034	0	225,034	12,480.00	18.03	31.00
32.00	Housekeeping	9.00	3,169,645	0	3,169,645	208,000.00	15.24	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,565,274	-734,438	1,830,836	66,560.00	27.51	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	734,438	734,438	83,200.00	8.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,011,594	0	2,011,594	45,760.00	43.96	38.00
39.00	Central Services and Supply	14.00	1,517,712	0	1,517,712	81,120.00	18.71	39.00
40.00	Pharmacy	15.00	3,980,366	-211,402	3,768,964	101,920.00	36.98	40.00
41.00	Medical Records & Medical Records Library	16.00	1,625,559	0	1,625,559	74,880.00	21.71	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,858,191	0	1,858,191	49,920.00	37.22	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140182

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/29/2014 7:50 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	119,562,439	0	119,562,439	3,708,723.20	32.24	1.00
2.00	Excluded area salaries (see instructions)	5,032,122	211,402	5,243,524	164,320.00	31.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	114,530,317	-211,402	114,318,915	3,544,403.20	32.25	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,176,077	0	15,176,077	209,004.23	72.61	4.00
5.00	Subtotal wage-related costs (see inst.)	26,751,885	0	26,751,885	0.00	23.40	5.00
6.00	Total (sum of lines 3 thru 5)	156,458,279	-211,402	156,246,877	3,753,407.43	41.63	6.00
7.00	Total overhead cost (see instructions)	37,938,168	-211,402	37,726,766	1,337,440.00	28.21	7.00



HOSPITAL WAGE RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 7:50 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			2,627,785 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			324,230 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			2,154,243 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			11,266,371 8.00
9.00	Prescription Drug Plan			2,546,134 9.00
10.00	Dental, Hearing and Vision Plan			554,588 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			0 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			1,281,072 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,311,600 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			9,092,315 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			286,345 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			552,999 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			31,997,682 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140182

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	1,692,368	29,295,625	1.00
2.00	Hospital	1,692,368	27,822,308	2.00
3.00	Subprovider - IPF	0	736,659	3.00
4.00	Subprovider - IRF	0	736,658	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	0	0	11.00
12.00	Separately Certified ASC	0	0	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	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/29/2014 7:50 am
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.217086		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		73,259,719		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		269,494,157		6.00	
7.00	Medicaid cost (line 1 times line 6)		58,503,409		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				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		38,561,396	3,744,030	42,305,426	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		8,371,139	812,776	9,183,915	21.00
22.00	Partial payment by patients approved for charity care		639,431	349,518	988,949	22.00
23.00	Cost of charity care (line 21 minus line 22)		7,731,708	463,258	8,194,966	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)				13,067,093	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				2,069,229	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)				10,997,864	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)				2,387,482	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)				10,582,448	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				10,582,448	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	7,853,756	7,853,756	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	9,202,571	9,202,571	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,418,554	23,554,264	26,972,818	-3,783	26,969,035	4.00
5.01	00510	NONPATIENT TELEPHONES	345,263	699,121	1,044,384	-105,942	938,442	5.01
5.02	00520	DATA PROCESSING	0	4,327,198	4,327,198	-173,696	4,153,502	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	245,379	565,077	810,456	-72,275	738,181	5.03
5.04	00540	ADMINITTING	2,708,828	1,071,488	3,780,316	-168,829	3,611,487	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,469,288	1,367,508	2,836,796	-27,740	2,809,056	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	9,042,232	71,014,868	80,057,100	-7,661,957	72,395,143	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	3,755,249	10,164,935	13,920,184	-134,391	13,785,793	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	225,034	162,749	387,783	-12,209	375,574	8.00
9.00	00900	HOUSEKEEPING	3,169,645	1,058,924	4,228,569	-54,708	4,173,861	9.00
10.00	01000	DIETARY	2,565,274	1,802,292	4,367,566	-1,349,388	3,018,178	10.00
11.00	01100	CAFETERIA	0	0	0	1,250,434	1,250,434	11.00
13.00	01300	NURSING ADMINISTRATION	2,011,594	319,380	2,330,974	-20,580	2,310,394	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,517,712	2,855,608	4,373,320	-1,834,874	2,538,446	14.00
15.00	01500	PHARMACY	3,980,366	12,039,347	16,019,713	-13,495,799	2,523,914	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,625,559	638,131	2,263,690	-24,517	2,239,173	16.00
17.00	01700	SOCIAL SERVICE	1,858,191	1,010,052	2,868,243	-1,580	2,866,663	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	13,619,424	0	13,619,424	0	13,619,424	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	3,697,859	3,697,859	-37,368	3,660,491	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	216,036	216,036	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	23,468,331	6,850,658	30,318,989	-4,059,038	26,259,951	30.00
31.00	03100	INTENSIVE CARE UNIT	12,519,348	4,292,562	16,811,910	-1,811,049	15,000,861	31.00
32.00	03200	CORONARY CARE UNIT	4,608,197	1,050,755	5,658,952	-423,912	5,235,040	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	3,546,691	485,265	4,031,956	-44,833	3,987,123	40.00
41.00	04100	SUBPROVIDER - I RF	1,485,431	1,262,821	2,748,252	-105,895	2,642,357	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,930,273	1,930,273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	11,567,005	22,462,595	34,029,600	-18,034,173	15,995,427	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	86,466	1,526,505	1,612,971	-1,101,419	511,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,492,738	6,250,556	11,743,294	-3,340,837	8,402,457	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	488,629	654,718	1,143,347	-195,209	948,138	56.00
56.01	05601	ULTRA SOUND	773,916	526,938	1,300,854	-385,962	914,892	56.01
57.00	05700	CT SCAN	668,874	2,329,010	2,997,884	-1,763,014	1,234,870	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,036,962	3,972,258	6,009,220	-4,711,552	1,297,668	59.00
60.00	06000	LABORATORY	-10,000	9,713,730	9,703,730	-1,076,158	8,627,572	60.00
60.01	06001	BLOOD LABORATORY	0	1,150,064	1,150,064	-123,581	1,026,483	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,697,403	799,744	3,497,147	-493,200	3,003,947	65.00
66.00	06600	PHYSICAL THERAPY	2,471,334	722,328	3,193,662	-131,052	3,062,610	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
68.01	06801	CARDIOLOGY	310,843	45,689	356,532	-14,815	341,717	68.01
69.00	06900	ELECTROCARDIOLOGY	1,029,886	591,695	1,621,581	-333,600	1,287,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	99,249	51,006	150,255	-22,889	127,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	19,750,191	19,750,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	11,798,512	11,798,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	13,167,515	13,167,515	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	465,493	145,365	610,858	-99,584	511,274	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	294,077	370,558	664,635	-278,602	386,033	90.00
90.01	09001 A. R. C. CLINIC	971,521	586,297	1,557,818	-280,362	1,277,456	90.01
90.02	09002 CANCER CTR CLINIC	1,336,447	444,463	1,780,910	-109,345	1,671,565	90.02
90.03	09003 UROLOGY CLINIC	172,487	67,569	240,056	-49,524	190,532	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	125,749	351,381	477,130	-168,470	308,660	90.05
90.06	09006 WOUND CARE CLINIC	15,846	23,260	39,106	-18,763	20,343	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	77,146	6,513	83,659	0	83,659	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	6,089,506	4,034,931	10,124,437	-812,814	9,311,623	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	134,447,167	207,118,035	341,565,202	0	341,565,202	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	816	816	0	816	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	134,447,167	207,118,851	341,566,018	0	341,566,018	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	354,113	8,207,869	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,837,968	11,040,539	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,912,273	31,881,308	4.00
5.01	00510	NONPATIENT TELEPHONES	-580	937,862	5.01
5.02	00520	DATA PROCESSING	4,153,699	8,307,201	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	738,181	5.03
5.04	00540	ADMINITTING	0	3,611,487	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-3,616,412	-807,356	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-39,889,639	32,505,504	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-1,446,621	12,339,172	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	375,574	8.00
9.00	00900	HOUSEKEEPING	-324	4,173,537	9.00
10.00	01000	DIETARY	-1,440,718	1,577,460	10.00
11.00	01100	CAFETERIA	0	1,250,434	11.00
13.00	01300	NURSING ADMINISTRATION	-2,247	2,308,147	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,101	2,536,345	14.00
15.00	01500	PHARMACY	-3,257	2,520,657	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-38,206	2,200,967	16.00
17.00	01700	SOCIAL SERVICE	0	2,866,663	17.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	-789,640	12,829,784	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-205,779	3,454,712	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	0	216,036	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	-2,886,615	23,373,336	30.00
31.00	03100	INTENSIVE CARE UNIT	0	15,000,861	31.00
32.00	03200	CORONARY CARE UNIT	0	5,235,040	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	-182,526	3,804,597	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,642,357	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,930,273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-1,746,929	14,248,498	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	511,552	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-200,886	8,201,571	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	948,138	56.00
56.01	05601	ULTRA SOUND	0	914,892	56.01
57.00	05700	CT SCAN	0	1,234,870	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-126,275	1,171,393	59.00
60.00	06000	LABORATORY	-573,247	8,054,325	60.00
60.01	06001	BLOOD LABORATORY	0	1,026,483	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	-3,428	3,000,519	65.00
66.00	06600	PHYSICAL THERAPY	-115,807	2,946,803	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
68.01	06801	CARDIOLOGY	0	341,717	68.01
69.00	06900	ELECTROCARDIOLOGY	0	1,287,981	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	127,366	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,750,191	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	11,798,512	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,167,515	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	RENAL DIALYSIS	0	511,274	76.00
76.01	03021	METABOLIC SUPPORT	0	0	76.01
76.02	03022	CMHC	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	76.97

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140182

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

Worksheet A  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-36,357	349,676	90.00
90.01	09001 A.R.C. CLINIC	-18,550	1,258,906	90.01
90.02	09002 CANCER CTR CLINIC	-61,640	1,609,925	90.02
90.03	09003 UROLOGY CLINIC	-9,301	181,231	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	-162,840	145,820	90.05
90.06	09006 WOUND CARE CLINIC	0	20,343	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	83,659	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	-737,065	8,574,558	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-43,038,937	298,526,265	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	816	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	-43,038,937	298,527,081	200.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:  
5/29/2014 7:50 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
<b>A - CAFETERIA COSTS</b>					
1.00	CAFETERIA	11.00	734,438	515,996	1.00
	TOTALS		734,438	515,996	
<b>B - CHARGEABLE DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	13,167,515	1.00
	TOTALS		0	13,167,515	
<b>C - DEPRECIATION</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	6,697,343	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,683,427	2.00
	TOTALS		0	13,380,770	
<b>D - EQUIPMENT DEPRECIATION</b>					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,539,401	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
	TOTALS		0	6,539,401	
<b>E - NURSERY</b>					
1.00	NURSERY	43.00	1,403,752	526,521	1.00
	TOTALS		1,403,752	526,521	
<b>F - SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	31,548,703	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00



RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:  
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	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
44.00		0.00	0	0		44.00
45.00		0.00	0	0		45.00
TOTALS			0	31,548,703		
G - RENT						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,156,413		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2,519,144		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00

Provider CCN: 140182

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2014 7:50 am

		Increases				
		Cost Center	Line #	Salary	Other	
		2.00	3.00	4.00	5.00	
42.00			0.00	0	0	42.00
	TOTALS			0	3,675,557	
H - IMPLANT COSTS						
1.00	IMPL. DEV. CHARGED TO		72.00	0	11,798,512	1.00
	PATIENT					
	TOTALS			0	11,798,512	
I - PHARMACY RESIDENT'S COST						
1.00	PARAMED PHARMACY		23.03	211,402	4,634	1.00
	TOTALS			211,402	4,634	
500.00	Grand Total: Increases			2,349,592	81,157,609	500.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
<b>A - CAFETERIA COSTS</b>						
1.00	DIETARY	10.00	734,438	515,996	0	1.00
	TOTALS		734,438	515,996		
<b>B - CHARGEABLE DRUGS</b>						
1.00	PHARMACY	15.00	0	13,167,515	0	1.00
	TOTALS		0	13,167,515		
<b>C - DEPRECIATION</b>						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,697,343	9	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	6,683,427	9	2.00
	TOTALS		0	13,380,770		
<b>D - EQUIPMENT DEPRECIATION</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	3,674	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	10,742	0	2.00
3.00	DATA PROCESSING	5.02	0	173,680	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	4,072	0	4.00
5.00	ADMINISTRATIVE	5.04	0	60,633	0	5.00
6.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	26,896	0	6.00
7.00	OPERATION OF PLANT	7.00	0	57,190	0	7.00
8.00	LAUNDRY & LINEN SERVICE	8.00	0	10,308	0	8.00
9.00	HOUSEKEEPING	9.00	0	28,054	0	9.00
10.00	DIETARY	10.00	0	71,130	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	12,891	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	155,577	0	12.00
13.00	PHARMACY	15.00	0	86,520	0	13.00
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	20,391	0	14.00
15.00	SOCIAL SERVICE	17.00	0	1,231	0	15.00
16.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	24,241	0	16.00
17.00	ADULTS & PEDIATRICS	30.00	0	349,096	0	17.00
18.00	INTENSIVE CARE UNIT	31.00	0	402,827	0	18.00
19.00	CORONARY CARE UNIT	32.00	0	111,425	0	19.00
20.00	SUBPROVIDER - IPF	40.00	0	2,087	0	20.00
21.00	SUBPROVIDER - IRF	41.00	0	11,627	0	21.00
22.00	OPERATING ROOM	50.00	0	1,838,878	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	267,382	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,242,467	0	24.00
25.00	RADIOISOTOPE	56.00	0	162,559	0	25.00
26.00	ULTRA SOUND	56.01	0	90,805	0	26.00
27.00	CT SCAN	57.00	0	212,454	0	27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	230,966	0	28.00
29.00	LABORATORY	60.00	0	2,513	0	29.00
30.00	RESPIRATORY THERAPY	65.00	0	127,453	0	30.00
31.00	PHYSICAL THERAPY	66.00	0	25,019	0	31.00
32.00	CARDIOLOGY	68.01	0	10,625	0	32.00
33.00	ELECTROCARDIOLOGY	69.00	0	230,417	0	33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,907	0	34.00
35.00	RENAL DIALYSIS	76.00	0	11,126	0	35.00
36.00	CLINIC	90.00	0	10,053	0	36.00
37.00	A. R. C. CLINIC	90.01	0	84,740	0	37.00
38.00	CANCER CTR CLINIC	90.02	0	52,354	0	38.00
39.00	UROLOGY CLINIC	90.03	0	30,929	0	39.00
40.00	EYE CENTER	90.05	0	122,241	0	40.00
41.00	EMERGENCY	91.00	0	145,221	0	41.00
	TOTALS		0	6,539,401		
<b>E - NURSERY</b>						
1.00	ADULTS & PEDIATRICS	30.00	1,403,752	526,521	0	1.00
	TOTALS		1,403,752	526,521		
<b>F - SUPPLIES</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	9	0	1.00
2.00	NONPATIENT TELEPHONES	5.01	0	31	0	2.00
3.00	DATA PROCESSING	5.02	0	16	0	3.00
4.00	PURCHASING RECEIVING AND STORES	5.03	0	14	0	4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	619,409	0	5.00
6.00	OPERATION OF PLANT	7.00	0	76,858	0	6.00
7.00	LAUNDRY & LINEN SERVICE	8.00	0	1,501	0	7.00
8.00	HOUSEKEEPING	9.00	0	23,906	0	8.00
9.00	DIETARY	10.00	0	3,726	0	9.00
10.00	NURSING ADMINISTRATION	13.00	0	6,154	0	10.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6  
Date/Time Prepared:  
5/29/2014 7:50 am

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,678,761	0			11.00
12.00	PHARMACY	15.00	0	23,753	0			12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	852	0			13.00
14.00	SOCIAL SERVICE	17.00	0	80	0			14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	4,326	0			15.00
16.00	ADULTS & PEDIATRICS	30.00	0	1,695,635	0			16.00
17.00	INTENSIVE CARE UNIT	31.00	0	1,319,461	0			17.00
18.00	CORONARY CARE UNIT	32.00	0	296,657	0			18.00
19.00	SUBPROVIDER - IPF	40.00	0	38,971	0			19.00
20.00	SUBPROVIDER - IRF	41.00	0	78,426	0			20.00
21.00	OPERATING ROOM	50.00	0	16,165,229	0			21.00
22.00	ANESTHESIOLOGY	53.00	0	833,612	0			22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,324,082	0			23.00
24.00	RADIOISOTOPE	56.00	0	9,929	0			24.00
25.00	ULTRASOUND	56.01	0	113,314	0			25.00
26.00	CT SCAN	57.00	0	358,315	0			26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	4,192,450	0			27.00
28.00	LABORATORY	60.00	0	1,043,424	0			28.00
29.00	BLOOD LABORATORY	60.01	0	123,581	0			29.00
30.00	RESPIRATORY THERAPY	65.00	0	319,231	0			30.00
31.00	PHYSICAL THERAPY	66.00	0	105,190	0			31.00
32.00	CARDIOLOGY	68.01	0	4,190	0			32.00
33.00	ELECTROCARDIOLOGY	69.00	0	48,349	0			33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,924	0			34.00
35.00	RENAL DIALYSIS	76.00	0	88,458	0			35.00
36.00	CLINIC	90.00	0	112,576	0			36.00
37.00	A. R. C. CLINIC	90.01	0	27,042	0			37.00
38.00	CANCER CTR CLINIC	90.02	0	54,940	0			38.00
39.00	UROLOGY CLINIC	90.03	0	18,501	0			39.00
41.00	EMERGENCY	91.00	0	664,008	0			41.00
42.00	WOUND CARE CLINIC	90.06	0	18,763	0			42.00
44.00	EYE CENTER	90.05	0	46,193	0			44.00
45.00	ADMINISTRATIVE	5.04	0	2,856	0			45.00
	TOTALS		0	31,548,703				
G - RENT								
1.00		0.00	0	0	10			1.00
2.00	EMPLOYEE BENEFITS	4.00	0	100	10			2.00
3.00	NONPATIENT TELEPHONES	5.01	0	95,169	10			3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	201,179	0			4.00
5.00	PURCHASING RECEIVING AND STORES	5.03	0	68,189	10			5.00
6.00	ADMINISTRATIVE	5.04	0	105,340	10			6.00
7.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	844	10			7.00
8.00	OPERATION OF PLANT	7.00	0	343	10			8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	400	10			9.00
10.00	HOUSEKEEPING	9.00	0	2,748	10			10.00
11.00	DIETARY	10.00	0	24,098	10			11.00
12.00	NURSING ADMINISTRATION	13.00	0	1,535	10			12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	536	10			13.00
14.00	PHARMACY	15.00	0	1,975	10			14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,274	10			15.00
16.00	SOCIAL SERVICE	17.00	0	269	10			16.00
17.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	8,801	10			17.00
18.00	ADULTS & PEDIATRICS	30.00	0	84,034	10			18.00
19.00	INTENSIVE CARE UNIT	31.00	0	88,761	10			19.00
20.00	CORONARY CARE UNIT	32.00	0	15,830	10			20.00
21.00	SUBPROVIDER - IPF	40.00	0	3,775	10			21.00
22.00	SUBPROVIDER - IRF	41.00	0	15,842	10			22.00
23.00	OPERATING ROOM	50.00	0	30,066	10			23.00
24.00	ANESTHESIOLOGY	53.00	0	425	10			24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	774,288	10			25.00
26.00	RADIOISOTOPE	56.00	0	22,721	10			26.00
27.00	ULTRASOUND	56.01	0	181,843	10			27.00
28.00	CT SCAN	57.00	0	1,192,245	10			28.00
29.00	CARDIAC CATHETERIZATION	59.00	0	288,136	10			29.00
30.00	LABORATORY	60.00	0	30,221	10			30.00
31.00	RESPIRATORY THERAPY	65.00	0	46,516	10			31.00
32.00	PHYSICAL THERAPY	66.00	0	843	10			32.00
33.00	ELECTROCARDIOLOGY	69.00	0	54,834	10			33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	58	10			34.00

RECLASSIFICATIONS

Provider CCN: 140182

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

Worksheet A-6

Date/Time Prepared:  
5/29/2014 7:50 am

Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
35.00	CLINIC	90.00	0	155,973	10		35.00	
36.00	A. R. C. CLINIC	90.01	0	168,580	10		36.00	
37.00	CANCER CTR CLINIC	90.02	0	2,051	10		37.00	
38.00	UROLOGY CLINIC	90.03	0	94	10		38.00	
40.00	EYE CENTER	90.05	0	36	0		40.00	
41.00	EMERGENCY	91.00	0	3,585	10		41.00	
42.00		0.00	0	0	10		42.00	
	TOTALS		0	3,675,557				
<b>H - IMPLANT COSTS</b>								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,798,512	0		1.00	
	TOTALS		0	11,798,512				
<b>I - PHARMACY RESIDENT'S COST</b>								
1.00	PHARMACY	15.00	211,402	4,634	0		1.00	
	TOTALS		211,402	4,634				
500.00	Grand Total: Decreases		2,349,592	81,157,609			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	11,503,636	25,389,907	0	25,389,907	0 1.00
2.00	Land Improvements	1,568,933	700,710	0	700,710	0 2.00
3.00	Buildings and Fixtures	123,839,622	45,573,735	0	45,573,735	0 3.00
4.00	Building Improvements	1,547,009	111,714	0	111,714	276,284 4.00
5.00	Fixed Equipment	53,734,679	7,161,739	0	7,161,739	1,203,255 5.00
6.00	Movable Equipment	395,219	0	0	0	0 6.00
7.00	HIT designated Assets	1,230,748	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	193,819,846	78,937,805	0	78,937,805	1,479,539 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	193,819,846	78,937,805	0	78,937,805	1,479,539 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	36,893,543	0			0 1.00
2.00	Land Improvements	2,269,643	50,557			0 2.00
3.00	Buildings and Fixtures	169,413,357	12,514,521			0 3.00
4.00	Building Improvements	1,382,439	1,222,537			0 4.00
5.00	Fixed Equipment	59,693,163	14,974,968			0 5.00
6.00	Movable Equipment	395,219	331,867			0 6.00
7.00	HIT designated Assets	1,230,748	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	271,278,112	29,094,450			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	271,278,112	29,094,450			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140182

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,697,343	1,156,413	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,683,427	2,519,144	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,380,770	3,675,557	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	354,113	8,207,869	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,837,968	11,040,539	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,192,081	19,248,408	3.00



ADJUSTMENTS TO EXPENSES

Provider CCN: 140182

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

Worksheet A-8

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00		0	7.00
8.00 Television and radio service (chapter 21)		0		0.00		0	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-6,297,071				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-1,966,671				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests		0		0.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts		0		0.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVI EW-SNF	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-80,154	NEW CAP REL COSTS-BLDG & FIXT	1.00		14	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	31,833	NEW CAP REL COSTS-MVBLE EQUIP	2.00		14	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		OCCUPATIONAL THERAPY	67.00			30.00
30.99 Hospice (non-distinct) (see instructions)		-124,500	ADULTS & PEDI ATRICS	30.00			30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00

Provider CCN: 140182

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

Worksheet A-8

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.00 REVENUE OFFSET	B	-3,616,412	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	33.00
33.01 REVENUE OFFSET	B	-1,858,583	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.01
33.02 REVENUE OFFSET	B	-1,446,621	OPERATION OF PLANT	7.00	0	33.02
33.03 REVENUE OFFSET	B	-580	NONPATIENT TELEPHONES	5.01	0	33.03
34.00 REVENUE OFFSET	B	-324	HOUSEKEEPING	9.00	0	34.00
35.00 REVENUE OFFSET	B	-1,440,718	DIETARY	10.00	0	35.00
36.00 REVENUE OFFSET	B	-2,247	NURSING ADMINISTRATION	13.00	0	36.00
37.00 REVENUE OFFSET	B	-2,101	CENTRAL SERVICES & SUPPLY	14.00	0	37.00
38.00 REVENUE OFFSET	B	-3,257	PHARMACY	15.00	0	38.00
39.00 REVENUE OFFSET	B	-38,206	MEDICAL RECORDS & LIBRARY	16.00	0	39.00
40.00 REVENUE OFFSET	B	-205,779	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	40.00
41.00 REVENUE OFFSET	B	-191,696	ADULTS & PEDIATRICS	30.00	0	41.00
42.00 REVENUE OFFSET	B	-150,000	SUBPROVIDER - IPF	40.00	0	42.00
43.00 REVENUE OFFSET	B	-62,849	OPERATING ROOM	50.00	0	43.00
44.00 REVENUE OFFSET	B	-4,399	RADIOLOGY-DIAGNOSTIC	54.00	0	44.00
45.00 REVENUE OFFSET	B	-22,266	CARDIAC CATHETERIZATION	59.00	0	45.00
45.01 REVENUE OFFSET	B	-548,520	LABORATORY	60.00	0	45.01
45.02 REVENUE OFFSET	B	-2,220	RESPIRATORY THERAPY	65.00	0	45.02
45.03 REVENUE OFFSET	B	-10,660	PHYSICAL THERAPY	66.00	0	45.03
45.05 REVENUE OFFSET	B	-11,891	A. R. C. CLINIC	90.01	0	45.05
45.06 REVENUE OFFSET	B	-15,674	CANCER CTR CLINIC	90.02	0	45.06
45.08 REVENUE OFFSET	B	-24,711	CLINIC	90.00	0	45.08
45.09 REVENUE OFFSET	B	-162,840	EYE CENTER	90.05	0	45.09
45.10 REVENUE OFFSET	B	-21,809	EMERGENCY	91.00	0	45.10
45.21		0		0.00	0	45.21
45.25 NONALLOWABLE EXPENSES	A	-2,840,387	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.25
45.26		0		0.00	0	45.26
45.45		0		0.00	0	45.45
45.46		0		0.00	0	45.46
45.50 INTEREST	A	-3,044,477	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.50
45.51 PUBLIC AID ASSESSMENT	A	-18,873,147	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.51
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-43,038,937				50.00

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

Provider CCN: 140182

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2014 7:50 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	4.00	EMPLOYEE BENEFITS	HOME OFFICE COST	4,912,273	0 1.00
2.00	5.02	DATA PROCESSING	HOME OFFICE COST	4,153,699	0 2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GEN	HOME OFFICE COST	7,029,693	20,302,738 3.00
4.00	1.00	NEW CAP REL COSTS-BLDG & FIX	HOME OFFICE COST	434,267	0 4.00
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUI	HOME OFFICE COST	1,806,135	0 4.01
4.02	0.00			0	0 4.02
4.03	0.00			0	0 4.03
5.00	0	0	0	18,336,067	20,302,738 5.00

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

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

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

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

6.00	B	0.00	ADVOCATEHEALTH	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

(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: 140182

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

Worksheet A-8-1

Date/Time Prepared:  
5/29/2014 7:50 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	4,912,273	0		1.00
2.00	4,153,699	0		2.00
3.00	-13,273,045	0		3.00
4.00	434,267	14		4.00
4.01	1,806,135	14		4.01
4.02	0	0		4.02
4.03	0	0		4.03
5.00	-1,966,671			5.00

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

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

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

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

6.00	HEALTHCARE		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: 140182

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

Worksheet A-8-2

Date/Time Prepared:  
5/29/2014 7:50 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	40.00	DR. A	32,526	32,526	0	0	0	1.00
2.00	30.00	DR. B	2,570,419	2,570,419	0	0	0	2.00
3.00	50.00	DR. C	1,684,080	1,684,080	0	0	0	3.00
4.00	59.00	DR. D	104,009	104,009	0	0	0	4.00
5.00	90.00	DR. E	11,646	11,646	0	0	0	5.00
6.00	90.03	DR. F	9,301	9,301	0	0	0	6.00
7.00	90.01	DR. G	6,659	6,659	0	0	0	7.00
8.00	91.00	DR. H	715,256	715,256	0	0	0	8.00
9.00	54.00	DR. I	196,487	196,487	0	0	0	9.00
10.00	90.02	DR. J	45,966	45,966	0	0	0	10.00
11.00	60.00	DR. K	24,727	24,727	0	0	0	11.00
12.00	65.00	DR. L	1,208	1,208	0	0	0	12.00
13.00	66.00	DR. M	105,147	105,147	0	0	0	13.00
14.00	21.00	DR. P	789,640	789,640	0	0	0	14.00
200.00			6,297,071	6,297,071	0	0	0	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	40.00	DR. A	0	0	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	50.00	DR. C	0	0	0	0	0	3.00
4.00	59.00	DR. D	0	0	0	0	0	4.00
5.00	90.00	DR. E	0	0	0	0	0	5.00
6.00	90.03	DR. F	0	0	0	0	0	6.00
7.00	90.01	DR. G	0	0	0	0	0	7.00
8.00	91.00	DR. H	0	0	0	0	0	8.00
9.00	54.00	DR. I	0	0	0	0	0	9.00
10.00	90.02	DR. J	0	0	0	0	0	10.00
11.00	60.00	DR. K	0	0	0	0	0	11.00
12.00	65.00	DR. L	0	0	0	0	0	12.00
13.00	66.00	DR. M	0	0	0	0	0	13.00
14.00	21.00	DR. P	0	0	0	0	0	14.00
200.00			0	0	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	40.00	DR. A	0	0	0	32,526		1.00
2.00	30.00	DR. B	0	0	0	2,570,419		2.00
3.00	50.00	DR. C	0	0	0	1,684,080		3.00
4.00	59.00	DR. D	0	0	0	104,009		4.00
5.00	90.00	DR. E	0	0	0	11,646		5.00
6.00	90.03	DR. F	0	0	0	9,301		6.00
7.00	90.01	DR. G	0	0	0	6,659		7.00
8.00	91.00	DR. H	0	0	0	715,256		8.00
9.00	54.00	DR. I	0	0	0	196,487		9.00
10.00	90.02	DR. J	0	0	0	45,966		10.00
11.00	60.00	DR. K	0	0	0	24,727		11.00
12.00	65.00	DR. L	0	0	0	1,208		12.00
13.00	66.00	DR. M	0	0	0	105,147		13.00
14.00	21.00	DR. P	0	0	0	789,640		14.00
200.00			0	0	0	6,297,071		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	8,207,869	8,207,869				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	11,040,539		11,040,539			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	31,881,308	45,221	60,828	31,987,357		4.00
5.01 00510 NONPATIENT TELEPHONES	937,862	43,226	58,144	88,518	1,127,750	5.01
5.02 00520 DATA PROCESSING	8,307,201	13,411	18,039	0	419	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	738,181	90,982	122,381	62,910	3,350	5.03
5.04 00540 ADMINISTRATION	3,611,487	39,973	53,768	694,484	49,415	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	-807,356	209,763	282,155	376,693	28,895	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	32,505,504	382,945	515,106	2,318,229	92,130	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	12,339,172	214,652	288,732	962,763	58,628	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	375,574	29,695	39,944	57,694	838	8.00
9.00 00900 HOUSEKEEPING	4,173,537	185,496	249,513	812,627	35,596	9.00
10.00 01000 DIETARY	1,577,460	196,512	264,331	469,386	18,007	10.00
11.00 01100 CAFETERIA	1,250,434	150,392	202,295	188,294	0	11.00
13.00 01300 NURSING ADMINISTRATION	2,308,147	144,505	194,376	515,728	12,144	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	2,536,345	154,783	208,201	389,108	12,982	14.00
15.00 01500 PHARMACY	2,520,657	81,842	110,086	966,279	21,357	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,200,967	102,716	138,165	416,758	35,177	16.00
17.00 01700 SOCIAL SERVICE	2,866,663	40,651	54,681	476,399	10,051	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	12,829,784	0	0	3,289,274	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	3,454,712	23,150	31,139	0	32,664	22.00
23.00 02300 PARAMEDICAL PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMEDICAL ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMEDICAL RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMEDICAL PHARMACY	216,036	1,597	2,148	54,199	838	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	23,373,336	1,512,400	2,034,356	5,383,954	154,525	30.00
31.00 03100 INTENSIVE CARE UNIT	15,000,861	668,922	899,778	3,209,685	65,328	31.00
32.00 03200 CORONARY CARE UNIT	5,235,040	315,532	424,428	1,181,440	19,263	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	3,804,597	399,210	536,984	900,955	19,682	40.00
41.00 04100 SUBPROVIDER - I/RF	2,642,357	26,363	35,461	380,832	7,957	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,930,273	130,316	175,290	359,891	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	14,248,498	562,853	757,103	2,147,717	82,079	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	511,552	218,125	293,403	22,168	20,101	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	8,201,571	380,950	512,422	1,357,842	70,354	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	948,138	46,698	62,815	125,274	5,863	56.00
56.01 05601 ULTRA SOUND	914,892	5,189	6,979	198,415	5,444	56.01
57.00 05700 CT SCAN	1,234,870	23,848	32,078	171,485	2,094	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,171,393	209,583	281,914	495,567	28,476	59.00
60.00 06000 LABORATORY	8,054,325	0	0	0	30,570	60.00
60.01 06001 BLOOD LABORATORY	1,026,483	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	3,000,519	88,048	118,435	691,245	21,357	65.00
66.00 06600 PHYSICAL THERAPY	2,946,803	426,570	573,787	606,638	25,126	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
68.01 06801 RADIOLOGY	341,717	0	0	79,693	2,931	68.01
69.00 06900 ELECTROCARDIOLOGY	1,287,981	89,006	119,723	264,040	12,982	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	127,366	0	0	25,445	9,213	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	19,750,191	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,798,512	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	13,167,515	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	511,274	11,535	15,516	116,356	2,094	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 03022 CMHC	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	349,676	73,360	98,678	73,010	419	90.00
90.01 09001 A. R. C. CLINIC	1,258,906	107,526	144,634	247,369	40,621	90.01
90.02 09002 CANCER CTR CLINIC	1,609,925	255,044	343,064	330,851	34,758	90.02
90.03 09003 UROLOGY CLINIC	181,231	0	0	44,222	2,931	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	145,820	0	0	32,239	0	90.05
90.06 09006 WOUND CARE CLINIC	20,343	0	0	4,063	419	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	83,659	29,835	40,132	19,779	0	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	8,574,558	365,144	491,161	1,377,839	49,834	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	298,526,265	8,097,569	10,892,173	31,987,357	1,126,912	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	816	110,300	148,366	0	838	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	298,527,081	8,207,869	11,040,539	31,987,357	1,127,750	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING	8,339,070				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	1,017,804			5.03
5.04	00540	ADMINITTING	0	1,564	4,450,691		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	340	0	90,490	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	31,924	0	0	35,845,838
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	0	23,041	0	0	13,886,988
8.00	00800	LAUNDRY & LINEN SERVICE	0	101	0	0	503,846
9.00	00900	HOUSEKEEPING	0	14,368	0	0	5,471,137
10.00	01000	DIETARY	0	54,234	0	0	2,579,930
11.00	01100	CAFETERIA	0	0	0	0	1,791,415
13.00	01300	NURSING ADMINISTRATION	0	1,263	0	0	3,176,163
14.00	01400	CENTRAL SERVICES & SUPPLY	0	58,223	0	0	3,359,642
15.00	01500	PHARMACY	0	2,353	0	0	3,702,574
16.00	01600	MEDICAL RECORDS & LIBRARY	0	850	0	0	2,894,633
17.00	01700	SOCIAL SERVICE	0	500	0	0	3,448,945
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	16,119,058
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	4,533	0	0	3,546,198
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	0	0	0	0	274,818
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	749,276	54,976	689,805	8,088	33,960,716
31.00	03100	INTENSIVE CARE UNIT	586,887	39,182	540,253	6,335	21,017,231
32.00	03200	CORONARY CARE UNIT	218,822	9,216	201,434	2,362	7,607,537
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	96,285	1,800	88,634	1,039	5,849,186
41.00	04100	SUBPROVIDER - I/RF	69,470	2,685	63,950	750	3,229,825
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	45,577	4,969	41,956	492	2,688,764
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,233,212	440,324	415,341	13,787	19,900,914
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	221,159	23,576	87,682	2,387	1,400,153
54.00	05400	RADIOLOGY-DIAGNOSTIC	601,726	37,891	133,449	6,495	11,302,700
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	52,875	310	11,210	571	1,253,754
56.01	05601	ULTRA SOUND	82,743	3,032	14,461	893	1,232,048
57.00	05700	CT SCAN	324,284	9,570	101,591	3,501	1,903,321
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	269,299	112,914	149,420	2,907	2,721,473
60.00	06000	LABORATORY	643,255	27,677	374,524	6,944	9,137,295
60.01	06001	BLOOD LABORATORY	64,251	3,276	50,188	694	1,144,892
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	267,849	8,937	223,107	2,891	4,422,388
66.00	06600	PHYSICAL THERAPY	129,778	3,427	67,467	1,401	4,780,997
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	6,598	178	803	71	431,991
69.00	06900	ELECTROCARDIOLOGY	131,207	1,595	57,112	1,416	1,965,062
70.00	07000	ELECTROENCEPHALOGRAPHY	12,501	367	1,815	135	176,842
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	291,572	0	141,677	3,147	20,186,587
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	333,463	0	197,669	3,600	12,333,244
73.00	07300	DRUGS CHARGED TO PATIENTS	1,040,378	0	584,118	11,230	14,803,241
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	RENAL DIALYSIS	32,717	2,377	27,685	353	719,907
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0
76.02	03022	CMHC	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0



COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
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Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.02	5.03	5.04	5.05	5A.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	42,489	3,343	14	459	641,448	90.00
90.01	09001 A. R. C. CLINIC	112,278	4,720	4,841	1,212	1,922,107	90.01
90.02	09002 CANCER CTR CLINIC	33,171	2,960	140	358	2,610,271	90.02
90.03	09003 UROLOGY CLINIC	6,780	685	117	73	236,039	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	797	1,974	0	9	180,839	90.05
90.06	09006 WOUND CARE CLINIC	3,380	523	9	36	28,773	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	4,306	16	8	46	177,781	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	630,685	22,010	180,211	6,808	11,698,250	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,339,070	1,017,804	4,450,691	90,490	298,266,761	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	260,320	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	8,339,070	1,017,804	4,450,691	90,490	298,527,081	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
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5/29/2014 7:50 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	35,845,838				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	1,895,032	0	15,782,020		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	68,755	0	65,384	637,985	8.00
9.00	00900	HOUSEKEEPING	746,597	0	408,429	0	6,626,163
10.00	01000	DIETARY	352,060	0	432,684	0	187,288
11.00	01100	CAFETERIA	244,458	0	331,137	0	143,333
13.00	01300	NURSING ADMINISTRATION	433,422	0	318,175	0	137,722
14.00	01400	CENTRAL SERVICES & SUPPLY	458,460	0	340,804	0	147,517
15.00	01500	PHARMACY	505,257	0	180,201	0	78,000
16.00	01600	MEDICAL RECORDS & LIBRARY	395,005	0	226,163	0	97,895
17.00	01700	SOCIAL SERVICE	470,646	0	89,507	0	38,743
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,199,623	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	483,918	0	50,971	0	22,063
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	37,502	0	3,515	0	1,522
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	4,634,407	0	3,330,049	169,217	1,441,413
31.00	03100	INTENSIVE CARE UNIT	2,868,032	0	1,472,850	83,231	637,524
32.00	03200	CORONARY CARE UNIT	1,038,132	0	694,747	49,305	300,722
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	798,186	0	878,991	45,084	380,471
41.00	04100	SUBPROVIDER - I/RF	440,745	0	58,046	22,905	25,125
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	366,911	0	286,933	19,579	124,199
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,715,699	0	1,239,305	112,232	536,433
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	191,066	0	480,272	0	207,886
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,542,378	0	838,785	49,635	363,068
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	171,089	0	102,821	1,464	44,506
56.01	05601	ULTRA SOUND	168,127	0	11,425	10,199	4,945
57.00	05700	CT SCAN	259,729	0	52,509	12,130	22,729
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	371,375	0	461,466	0	199,746
60.00	06000	LABORATORY	1,246,884	0	0	0	0
60.01	06001	BLOOD LABORATORY	156,233	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	603,483	0	193,867	0	83,915
66.00	06600	PHYSICAL THERAPY	652,420	0	939,233	18,143	406,547
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	58,950	0	0	1,770	0
69.00	06900	ELECTROCARDIOLOGY	268,154	0	195,976	13,038	84,828
70.00	07000	ELECTROENCEPHALOGRAPHY	24,132	0	0	1,299	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,754,682	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,683,007	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,020,065	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	RENAL DIALYSIS	98,239	0	25,398	0	10,993
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0
76.02	03022	CMHC	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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5/29/2014 7:50 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	87,533	0	161,526	2,866	69,917	90.00
90.01	09001 A. R. C. CLINIC	262,293	0	236,753	0	102,478	90.01
90.02	09002 CANCER CTR CLINIC	356,200	0	561,563	0	243,073	90.02
90.03	09003 UROLOGY CLINIC	32,210	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	24,677	0	0	127	0	90.05
90.06	09006 WOUND CARE CLINIC	3,926	0	0	790	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	24,260	0	65,691	0	28,435	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	1,596,355	0	803,984	24,971	348,005	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	35,810,314	0	15,539,160	637,985	6,521,041	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	35,524	0	242,860	0	105,122	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	35,845,838	0	15,782,020	637,985	6,626,163	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,551,962					10.00
11.00	01100	0	2,510,343				11.00
13.00	01300	0	27,621	4,093,103			13.00
14.00	01400	0	63,741	6,211	4,376,375		14.00
15.00	01500	0	75,427	1,553	3,554	4,546,566	15.00
16.00	01600	0	49,931	3,106	127	0	16.00
17.00	01700	0	27,621	35,714	12	359,488	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	3,106	0	0	21.00
22.00	02200	0	230,531	0	647	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	2,125	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	1,668,318	592,795	1,590,393	253,698	557,059	30.00
31.00	03100	710,943	336,766	1,121,100	197,415	463,190	31.00
32.00	03200	403,906	144,480	330,740	44,385	171,923	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	509,792	99,861	139,749	5,831	6	40.00
41.00	04100	259,003	49,931	220,493	11,734	9,879	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	43,557	91,257	17,193	9,927	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	199,723	212,729	2,418,602	221,111	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	4,249	1,553	124,723	504,223	53.00
54.00	05400	0	125,358	32,608	198,107	536,761	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	9,561	0	1,486	750,817	56.00
56.01	05601	0	16,998	0	16,954	202	56.01
57.00	05700	0	15,935	0	53,610	50,884	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	31,871	13,975	627,266	73,122	59.00
60.00	06000	0	0	0	156,115	0	60.00
60.01	06001	0	0	0	18,490	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	78,614	10,869	47,763	183	65.00
66.00	06600	0	40,369	1,553	17,607	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	4,249	7,764	627	0	68.01
69.00	06900	0	22,309	3,106	7,234	24,524	69.00
70.00	07000	0	2,125	0	886	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	9,561	6,211	13,235	7,737	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03022	0	0	0	0	0	76.02
76.97	07697	0	0	0	0	0	76.97

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	6,374	1,553	14,974	90.00
90.01	09001	A. R. C. CLINIC	0	14,873	34,161	4,046	90.01
90.02	09002	CANCER CTR CLINIC	0	25,497	38,819	8,220	90.02
90.03	09003	UROLOGY CLINIC	0	2,125	0	2,768	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	1,062	0	6,911	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	2,807	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	1,062	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	154,041	184,780	99,348	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,551,962	2,510,343	4,093,103	4,376,375	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,551,962	2,510,343	4,093,103	4,376,375	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

Period:  
From 01/01/2013  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	3,666,860					16.00
17.00 01700 SOCIAL SERVICE	0	4,470,676				17.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	18,321,787		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	4,334,328	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMED ED PHARMACY	0	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	329,479	2,099,827	0	18,087,308	4,278,859	30.00
31.00 03100 INTENSIVE CARE UNIT	258,072	894,829	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	96,222	508,377	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I/PF	42,339	641,649	0	152,259	36,019	40.00
41.00 04100 SUBPROVIDER - I/RF	30,548	325,994	0	82,220	19,450	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	20,042	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	542,201	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	97,250	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	264,597	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	23,251	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	36,384	0	0	0	0	56.01
57.00 05700 CT SCAN	142,597	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	118,419	0	0	0	0	59.00
60.00 06000 LABORATORY	282,859	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	28,253	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	117,781	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	57,067	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
68.01 06801 RADIOLOGY	2,901	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	57,696	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	5,497	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	128,213	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	146,634	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	457,486	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	14,386	0	0	0	0	76.00
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02 03022 CMHC	0	0	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	18,684	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	49,372	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	14,586	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	2,982	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	351	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	1,486	0	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	1,894	0	0	0	0	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	277,331	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,666,860	4,470,676	0	18,321,787	4,334,328	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,666,860	4,470,676	0	18,321,787	4,334,328	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

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Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					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
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0		23.02
23.03	02303	PARAMED ED PHARMACY	0	0	0	319,482	23.03
		319,482	0	0	0	319,482	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	72,993,538	0	0	71,632	30.00
31.00	03100	INTENSIVE CARE UNIT	30,061,183	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	11,390,476	0	0	44,123	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,579,423	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	4,785,898	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,668,362	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	28,098,949	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,011,375	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,253,997	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,358,749	0	0	0	56.00
56.01	05601	ULTRA SOUND	1,497,282	0	0	0	56.01
57.00	05700	CT SCAN	2,513,444	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,618,713	0	0	27,509	59.00
60.00	06000	LABORATORY	10,823,153	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	1,347,868	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,558,863	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	6,913,936	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	508,252	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	2,641,927	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	210,781	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,069,482	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,162,885	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,280,792	0	0	121,201	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	905,667	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97



COST ALLOCATION - GENERAL SERVICE COSTS

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5/29/2014 7:50 am

Cost Center Description		Subtotal	PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	
		22A	23.00	23.01	23.02	23.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	1,005,929	0	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	2,626,083	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	3,923,196	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	280,579	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	213,967	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	37,782	0	0	0	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	299,123	0	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	15,922,119	0	0	0	55,017	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	297,883,255	0	0	0	319,482	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	643,826	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	298,527,081	0	0	0	319,482	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00540	ADMITTING				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL				23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL				23.02
23.03	02303	PARAMED ED PHARMACY				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	73,065,170	-22,366,167	50,699,003	30.00
31.00	03100	INTENSIVE CARE UNIT	30,061,183	0	30,061,183	31.00
32.00	03200	CORONARY CARE UNIT	11,434,599	0	11,434,599	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,579,423	-188,278	9,391,145	40.00
41.00	04100	SUBPROVIDER - I/RF	4,785,898	-101,670	4,684,228	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,668,362	0	3,668,362	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	28,098,949	0	28,098,949	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	3,011,375	0	3,011,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,253,997	0	15,253,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,358,749	0	2,358,749	56.00
56.01	05601	ULTRA SOUND	1,497,282	0	1,497,282	56.01
57.00	05700	CT SCAN	2,513,444	0	2,513,444	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,646,222	0	4,646,222	59.00
60.00	06000	LABORATORY	10,823,153	0	10,823,153	60.00
60.01	06001	BLOOD LABORATORY	1,347,868	0	1,347,868	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,558,863	0	5,558,863	65.00
66.00	06600	PHYSICAL THERAPY	6,913,936	0	6,913,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	508,252	0	508,252	68.01
69.00	06900	ELECTROCARDIOLOGY	2,641,927	0	2,641,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	210,781	0	210,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,069,482	0	23,069,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,162,885	0	14,162,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,401,993	0	17,401,993	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	905,667	0	905,667	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	76.01
76.02	03022	CMHC	0	0	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140182

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	1,005,929	0	1,005,929	90.00
90.01	09001 A. R. C. CLINIC	2,626,083	0	2,626,083	90.01
90.02	09002 CANCER CTR CLINIC	3,923,196	0	3,923,196	90.02
90.03	09003 UROLOGY CLINIC	280,579	0	280,579	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	213,967	0	213,967	90.05
90.06	09006 WOUND CARE CLINIC	37,782	0	37,782	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	299,123	0	299,123	90.08
90.09	09010 O/P DENTISTRY	0	0	0	90.09
91.00	09100 EMERGENCY	15,977,136	0	15,977,136	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	297,883,255	-22,656,115	275,227,140	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	643,826	0	643,826	190.00
190.01	19001 SUBCORPS	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	298,527,081	-22,656,115	275,870,966	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	45,221	60,828	106,049	4.00
5.01 00510	NONPATIENT TELEPHONES	0	43,226	58,144	101,370	5.01
5.02 00520	DATA PROCESSING	0	13,411	18,039	31,450	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	90,982	122,381	213,363	5.03
5.04 00540	ADMINISTRATIVE	0	39,973	53,768	93,741	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	209,763	282,155	491,918	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	382,945	515,106	898,051	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	0	214,652	288,732	503,384	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	29,695	39,944	69,639	8.00
9.00 00900	HOUSEKEEPING	0	185,496	249,513	435,009	9.00
10.00 01000	DIETARY	0	196,512	264,331	460,843	10.00
11.00 01100	CAFETERIA	0	150,392	202,295	352,687	11.00
13.00 01300	NURSING ADMINISTRATION	0	144,505	194,376	338,881	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	154,783	208,201	362,984	14.00
15.00 01500	PHARMACY	0	81,842	110,086	191,928	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	102,716	138,165	240,881	16.00
17.00 01700	SOCIAL SERVICE	0	40,651	54,681	95,332	17.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	23,150	31,139	54,289	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01 02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	23.01
23.02 02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	23.02
23.03 02303	PARAMED ED PHARMACY	0	1,597	2,148	3,745	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,512,400	2,034,356	3,546,756	30.00
31.00 03100	INTENSIVE CARE UNIT	0	668,922	899,778	1,568,700	31.00
32.00 03200	CORONARY CARE UNIT	0	315,532	424,428	739,960	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	399,210	536,984	936,194	40.00
41.00 04100	SUBPROVIDER - IRF	0	26,363	35,461	61,824	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	130,316	175,290	305,606	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	562,853	757,103	1,319,956	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	218,125	293,403	511,528	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	380,950	512,422	893,372	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	46,698	62,815	109,513	56.00
56.01 05601	ULTRA SOUND	0	5,189	6,979	12,168	56.01
57.00 05700	CT SCAN	0	23,848	32,078	55,926	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	209,583	281,914	491,497	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	88,048	118,435	206,483	65.00
66.00 06600	PHYSICAL THERAPY	0	426,570	573,787	1,000,357	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01 06801	CARDIOLOGY	0	0	0	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	89,006	119,723	208,729	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00 03020	RENAL DIALYSIS	0	11,535	15,516	27,051	76.00
76.01 03021	METABOLIC SUPPORT	0	0	0	0	76.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
76.02 03022 CMHC	0	0	0	0	0	76.02
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	73,360	98,678	172,038	242	90.00
90.01 09001 A. R. C. CLINIC	0	107,526	144,634	252,160	820	90.01
90.02 09002 CANCER CTR CLINIC	0	255,044	343,064	598,108	1,097	90.02
90.03 09003 UROLOGY CLINIC	0	0	0	0	147	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	0	0	0	0	107	90.05
90.06 09006 WOUND CARE CLINIC	0	0	0	0	13	90.06
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	0	29,835	40,132	69,967	66	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	0	365,144	491,161	856,305	4,568	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00
118.00		8,097,569	10,892,173	18,989,742	106,049	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	110,300	148,366	258,666	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00					0	200.00
201.00					0	201.00
202.00		8,207,869	11,040,539	19,248,408	106,049	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/29/2014 7:50 am	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES	101,663					5.01
5.02	00520	DATA PROCESSING	38	31,488				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	302	0	213,874			5.03
5.04	00540	ADMINISTRATIVE	4,455	0	329	100,828		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	2,605	0	71	0	49,974	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	8,305	0	6,708	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	5,285	0	4,841	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	76	0	21	0	0	8.00
9.00	00900	HOUSEKEEPING	3,209	0	3,019	0	0	9.00
10.00	01000	DIETARY	1,623	0	11,396	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,095	0	265	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,170	0	12,234	0	0	14.00
15.00	01500	PHARMACY	1,925	0	494	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,171	0	179	0	0	16.00
17.00	01700	SOCIAL SERVICE	906	0	105	0	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	2,945	0	953	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED PHARMACY	76	0	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	13,928	2,808	11,552	15,686	4,493	30.00
31.00	03100	INTENSIVE CARE UNIT	5,889	2,200	8,233	12,230	3,520	31.00
32.00	03200	CORONARY CARE UNIT	1,737	820	1,937	4,560	1,312	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,774	361	378	2,007	577	40.00
41.00	04100	SUBPROVIDER - I/RF	717	260	564	1,448	417	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	171	1,044	950	273	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	7,399	4,856	92,533	9,403	7,360	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	1,812	829	4,954	1,985	1,326	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,342	2,255	7,962	3,021	3,609	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	529	198	65	254	317	56.00
56.01	05601	ULTRA SOUND	491	310	637	327	496	56.01
57.00	05700	CT SCAN	189	1,215	2,011	2,300	1,945	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,567	1,009	23,726	3,383	1,615	59.00
60.00	06000	LABORATORY	2,756	2,411	5,816	8,479	3,858	60.00
60.01	06001	BLOOD LABORATORY	0	241	688	1,136	385	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,925	1,004	1,878	5,051	1,606	65.00
66.00	06600	PHYSICAL THERAPY	2,265	486	720	1,527	778	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
68.01	06801	CARDIOLOGY	264	25	37	18	40	68.01
69.00	06900	ELECTROCARDIOLOGY	1,170	492	335	1,293	787	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	831	47	77	41	75	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,093	0	3,207	1,749	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,250	0	4,475	2,000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,899	0	13,224	6,239	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	189	123	499	627	196	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	38	159	702	0	255	90.00
90.01	09001 A. R. C. CLINIC	3,662	421	992	110	673	90.01
90.02	09002 CANCER CTR CLINIC	3,133	124	622	3	199	90.02
90.03	09003 UROLOGY CLINIC	264	25	144	3	41	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	3	415	0	5	90.05
90.06	09006 WOUND CARE CLINIC	38	13	110	0	20	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	16	3	0	26	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	4,492	2,364	4,625	4,080	3,782	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	101,587	31,488	213,874	100,828	49,974	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	76	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	445,869	201.00
202.00	TOTAL (sum lines 118-201)	101,663	31,488	213,874	100,828	495,843	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	920,750				5.06
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	48,674	0	565,376		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,766	0	2,342	74,035	8.00
9.00	00900	HOUSEKEEPING	19,176	0	14,632	0	477,739
10.00	01000	DIETARY	9,043	0	15,501	0	13,503
11.00	01100	CAFETERIA	6,279	0	11,863	0	10,334
13.00	01300	NURSING ADMINISTRATION	11,132	0	11,398	0	9,930
14.00	01400	CENTRAL SERVICES & SUPPLY	11,776	0	12,209	0	10,636
15.00	01500	PHARMACY	12,978	0	6,456	0	5,624
16.00	01600	MEDICAL RECORDS & LIBRARY	10,146	0	8,102	0	7,058
17.00	01700	SOCIAL SERVICE	12,089	0	3,207	0	2,793
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	56,497	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,429	0	1,826	0	1,591
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ANESTH SCHOOL	0	0	0	0	0
23.02	02302	PARAMED RADIOLOGY SCHOOL	0	0	0	0	0
23.03	02303	PARAMED ED PHARMACY	963	0	126	0	110
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	119,087	0	119,296	19,634	103,922
31.00	03100	INTENSIVE CARE UNIT	73,665	0	52,763	9,659	45,965
32.00	03200	CORONARY CARE UNIT	26,664	0	24,889	5,722	21,682
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	20,501	0	31,489	5,232	27,432
41.00	04100	SUBPROVIDER - I/RF	11,321	0	2,079	2,658	1,811
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	9,424	0	10,279	2,272	8,955
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	69,753	0	44,397	13,024	38,676
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	4,908	0	17,205	0	14,988
54.00	05400	RADIOLOGY-DIAGNOSTIC	39,616	0	30,049	5,760	26,177
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	4,394	0	3,683	170	3,209
56.01	05601	ULTRA SOUND	4,318	0	409	1,184	357
57.00	05700	CT SCAN	6,671	0	1,881	1,408	1,639
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	9,539	0	16,532	0	14,401
60.00	06000	LABORATORY	32,026	0	0	0	0
60.01	06001	BLOOD LABORATORY	4,013	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	15,500	0	6,945	0	6,050
66.00	06600	PHYSICAL THERAPY	16,757	0	33,647	2,105	29,312
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
68.01	06801	CARDIOLOGY	1,514	0	0	205	0
69.00	06900	ELECTROCARDIOLOGY	6,888	0	7,021	1,513	6,116
70.00	07000	ELECTROENCEPHALOGRAPHY	620	0	0	151	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	70,754	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	43,228	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	51,885	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	RENAL DIALYSIS	2,523	0	910	0	793
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0
76.02	03022	CMHC	0	0	0	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	2,248	0	5,787	333	5,041	90.00
90.01	09001 A. R. C. CLINIC	6,737	0	8,481	0	7,389	90.01
90.02	09002 CANCER CTR CLINIC	9,149	0	20,117	0	17,525	90.02
90.03	09003 UROLOGY CLINIC	827	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	634	0	0	15	0	90.05
90.06	09006 WOUND CARE CLINIC	101	0	0	92	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	623	0	2,353	0	2,050	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	41,002	0	28,802	2,898	25,091	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	919,838	0	556,676	74,035	470,160	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	8,700	0	7,579	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	920,750	0	565,376	74,035	477,739	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	513,465					10.00
11.00	01100	0	381,787				11.00
13.00	01300	0	4,201	378,612			13.00
14.00	01400	0	9,694	575	422,568		14.00
15.00	01500	0	11,471	144	343	234,567	15.00
16.00	01600	0	7,594	287	12	0	16.00
17.00	01700	0	4,201	3,303	1	18,547	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	287	0	0	21.00
22.00	02200	0	35,060	0	62	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	323	0	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	241,168	90,157	147,113	24,497	28,740	30.00
31.00	03100	102,773	51,217	103,701	19,062	23,897	31.00
32.00	03200	58,388	21,973	30,593	4,286	8,870	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	73,695	15,187	12,927	563	0	40.00
41.00	04100	37,441	7,594	20,395	1,133	510	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	6,624	8,441	1,660	512	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	30,375	19,677	233,529	11,408	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	646	144	12,043	26,014	53.00
54.00	05400	0	19,065	3,016	19,129	27,693	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	1,454	0	143	38,736	56.00
56.01	05601	0	2,585	0	1,637	10	56.01
57.00	05700	0	2,424	0	5,177	2,625	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	4,847	1,293	60,568	3,773	59.00
60.00	06000	0	0	0	15,074	0	60.00
60.01	06001	0	0	0	1,785	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	11,956	1,005	4,612	9	65.00
66.00	06600	0	6,140	144	1,700	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	646	718	61	0	68.01
69.00	06900	0	3,393	287	698	1,265	69.00
70.00	07000	0	323	0	86	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	1,454	575	1,278	399	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03022	0	0	0	0	0	76.02
76.97	07697	0	0	0	0	0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

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Part II  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	969	144	1,446	54 90.00
90.01	09001	A. R. C. CLINIC	0	2,262	3,160	391	0 90.01
90.02	09002	CANCER CTR CLINIC	0	3,878	3,591	794	3,352 90.02
90.03	09003	UROLOGY CLINIC	0	323	0	267	230 90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0 90.04
90.05	09005	EYE CENTER	0	162	0	667	0 90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	271	0 90.06
90.07	09007	EENT CLINIC	0	0	0	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0	162	0	0	0 90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0 90.09
91.00	09100	EMERGENCY	0	23,427	17,092	9,593	37,923 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	513,465	381,787	378,612	422,568	234,567 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	513,465	381,787	378,612	422,568	234,567 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:  
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
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	278,812					16.00
17.00 01700 SOCIAL SERVICE	0	142,063				17.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0		67,689		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			109,155	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0				23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0				23.02
23.03 02303 PARAMED ED PHARMACY	0	0				23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	25,051	66,726				30.00
31.00 03100 INTENSIVE CARE UNIT	19,622	28,435				31.00
32.00 03200 CORONARY CARE UNIT	7,316	16,154				32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0				33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00 04000 SUBPROVIDER - I PF	3,219	20,389				40.00
41.00 04100 SUBPROVIDER - I RF	2,323	10,359				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	1,524	0				43.00
44.00 04400 SKILLED NURSING FACILITY	0	0				44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	41,236	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	7,394	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20,118	0				54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0				55.00
56.00 05600 RADIOISOTOPE	1,768	0				56.00
56.01 05601 ULTRA SOUND	2,766	0				56.01
57.00 05700 CT SCAN	10,842	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0				58.00
59.00 05900 CARDIAC CATHETERIZATION	9,004	0				59.00
60.00 06000 LABORATORY	21,506	0				60.00
60.01 06001 BLOOD LABORATORY	2,148	0				60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0				63.00
64.00 06400 INTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPIRATORY THERAPY	8,955	0				65.00
66.00 06600 PHYSICAL THERAPY	4,339	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
68.01 06801 RADIOLOGY	221	0				68.01
69.00 06900 ELECTROCARDIOLOGY	4,387	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	418	0				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,748	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,149	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	34,783	0				73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0				75.00
76.00 03020 RENAL DIALYSIS	1,094	0				76.00
76.01 03021 METABOLIC SUPPORT	0	0				76.01
76.02 03022 CMHC	0	0				76.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				16.00	17.00	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	1,421	0	0	0	0	90.00
90.01 09001 A. R. C. CLINIC	3,754	0	0	0	0	90.01
90.02 09002 CANCER CTR CLINIC	1,109	0	0	0	0	90.02
90.03 09003 UROLOGY CLINIC	227	0	0	0	0	90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05 09005 EYE CENTER	27	0	0	0	0	90.05
90.06 09006 WOUND CARE CLINIC	113	0	0	0	0	90.06
90.07 09007 DENT CLINIC	0	0	0	0	0	90.07
90.08 09008 O/P PHARMACY CLINIC	144	0	0	0	0	90.08
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00 09100 EMERGENCY	21,086	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	278,812	142,063	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 SUBCORPS	0	0	0	0	0	190.01
190.02 19002 GRANTS	0	0	0	0	0	190.02
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 HOSPICE	0	0	0	0	0	192.01
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	67,689	109,155	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	278,812	142,063	0	67,689	109,155	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

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Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMINISTRATIVE					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
20.00	02000	NURSING SCHOOL					20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0				23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		0			23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL			0		23.02
23.03	02303	PARAMED ED PHARMACY			5,523		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS				4,598,462	30.00
31.00	03100	INTENSIVE CARE UNIT				2,142,172	31.00
32.00	03200	CORONARY CARE UNIT				980,780	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00	04000	SUBPROVIDER - IPF				1,154,912	40.00
41.00	04100	SUBPROVIDER - IRF				164,117	41.00
42.00	04200	SUBPROVIDER				0	42.00
43.00	04300	NURSERY				358,928	43.00
44.00	04400	SKILLED NURSING FACILITY				0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM				1,950,703	50.00
51.00	05100	RECOVERY ROOM				0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00	05300	ANESTHESIOLOGY				605,849	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,111,686	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00	05600	RADIOISOTOPE				164,848	56.00
56.01	05601	ULTRA SOUND				28,353	56.01
57.00	05700	CT SCAN				96,822	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				0	58.00
59.00	05900	CARDIAC CATHETERIZATION				645,397	59.00
60.00	06000	LABORATORY				91,926	60.00
60.01	06001	BLOOD LABORATORY				10,396	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00	06400	INTRAVENOUS THERAPY				0	64.00
65.00	06500	RESPIRATORY THERAPY				275,271	65.00
66.00	06600	PHYSICAL THERAPY				1,102,288	66.00
67.00	06700	OCCUPATIONAL THERAPY				0	67.00
68.00	06800	SPEECH PATHOLOGY				0	68.00
68.01	06801	CARDIOLOGY				4,013	68.01
69.00	06900	ELECTROCARDIOLOGY				245,249	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				2,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				86,551	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				62,102	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				110,030	73.00
75.00	07500	ASC (NON-DISTINCT PART)				0	75.00
76.00	03020	RENAL DIALYSIS				38,097	76.00
76.01	03021	METABOLIC SUPPORT				0	76.01
76.02	03022	CMHC				0	76.02
76.97	07697	CARDIAC REHABILITATION				0	76.97

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

Period:  
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Cost Center Description		PARAMED ED PRGM	PARAMED ED ANESTH SCHOOL	PARAMED ED RADIOLOGY SCHOOL	PARAMED ED PHARMACY	Subtotal	
		23.00	23.01	23.02	23.03	24.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC					0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER					0	89.00
90.00	09000 CLINIC					190,877	90.00
90.01	09001 A. R. C. CLINIC					291,012	90.01
90.02	09002 CANCER CTR CLINIC					662,801	90.02
90.03	09003 UROLOGY CLINIC					2,498	90.03
90.04	09004 ORTHOPEDIC CLINIC					0	90.04
90.05	09005 EYE CENTER					2,035	90.05
90.06	09006 WOUND CARE CLINIC					771	90.06
90.07	09007 EENT CLINIC					0	90.07
90.08	09008 O/P PHARMACY CLINIC					75,410	90.08
90.09	09010 O/P DENTISTRY					0	90.09
91.00	09100 EMERGENCY					1,087,130	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00	04040 FAMILY HEALTH CENTER					0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES					0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED					0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD					0	97.00
99.10	09910 CORF					0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM					0	100.00
101.00	10100 HOME HEALTH AGENCY					0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION					0	109.00
110.00	11000 INTESTINAL ACQUISITION					0	110.00
111.00	11100 ISLET ACQUISITION					0	111.00
113.00	11300 INTEREST EXPENSE					0	113.00
114.00	11400 UTILIZATION REVIEW-SNF					0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)					0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	18,344,239	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN					275,933	190.00
190.01	19001 SUBCORPS					0	190.01
190.02	19002 GRANTS					0	190.02
191.00	19100 RESEARCH					0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES					0	192.00
192.01	19201 HOSPICE					0	192.01
192.02	19202 OUTPATIENT PHARMACY					0	192.02
193.00	19300 NONPAID WORKERS					0	193.00
200.00	Cross Foot Adjustments	0	0	0	5,523	182,367	200.00
201.00	Negative Cost Centers	0	0	0	0	445,869	201.00
202.00	TOTAL (sum lines 118-201)	0	0	0	5,523	19,248,408	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 7:50 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
23.01	02301	PARAMED ED ANESTH SCHOOL		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL		23.02
23.03	02303	PARAMED ED PHARMACY		23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	ULTRA SOUND	0	56.01
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
68.01	06801	CARDIOLOGY	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	RENAL DIALYSIS	0	76.00
76.01	03021	METABOLIC SUPPORT	0	76.01
76.02	03022	CMHC	0	76.02



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140182

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	190,877	90.00
90.01	09001 A. R. C. CLINIC	0	291,012	90.01
90.02	09002 CANCER CTR CLINIC	0	662,801	90.02
90.03	09003 UROLOGY CLINIC	0	2,498	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	2,035	90.05
90.06	09006 WOUND CARE CLINIC	0	771	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	75,410	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	0	1,087,130	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	0	18,344,239	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	275,933	190.00
190.01	19001 SUBCORPS	0	0	190.01
190.02	19002 GRANTS	0	0	190.02
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201 HOSPICE	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	182,367	200.00
201.00	Negative Cost Centers	0	445,869	201.00
202.00	TOTAL (sum lines 118-201)	0	19,248,408	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	CAPITAL RELATED COSTS					DATA PROCESSING (PATIENT REVENUE)
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT PHONES)		
	1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	411,288					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		411,288				2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	2,266	2,266	124,766,270			4.00
5.01 00510 NONPATIENT TELEPHONES	2,166	2,166	345,263	2,693		5.01
5.02 00520 DATA PROCESSING	672	672	0	1	1,250,147,355	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	4,559	4,559	245,379	8	0	5.03
5.04 00540 ADMINITTING	2,003	2,003	2,708,828	118	0	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	10,511	10,511	1,469,288	69	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	19,189	19,189	9,042,232	220	0	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	10,756	10,756	3,755,249	140	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	1,488	1,488	225,034	2	0	8.00
9.00 00900 HOUSEKEEPING	9,295	9,295	3,169,645	85	0	9.00
10.00 01000 DIETARY	9,847	9,847	1,830,836	43	0	10.00
11.00 01100 CAFETERIA	7,536	7,536	734,438	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	7,241	7,241	2,011,594	29	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	7,756	7,756	1,517,712	31	0	14.00
15.00 01500 PHARMACY	4,101	4,101	3,768,964	51	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,147	5,147	1,625,559	84	0	16.00
17.00 01700 SOCIAL SERVICE	2,037	2,037	1,858,191	24	0	17.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,829,784	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,160	1,160	0	78	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03 02303 PARAMED ED PHARMACY	80	80	211,402	2	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	75,785	75,785	20,999,937	369	112,335,271	30.00
31.00 03100 INTENSIVE CARE UNIT	33,519	33,519	12,519,348	156	87,989,115	31.00
32.00 03200 CORONARY CARE UNIT	15,811	15,811	4,608,197	46	32,806,834	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	20,004	20,004	3,514,165	47	14,435,497	40.00
41.00 04100 SUBPROVIDER - I RF	1,321	1,321	1,485,431	19	10,415,278	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,530	6,530	1,403,752	0	6,833,164	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	28,204	28,204	8,377,149	196	184,801,355	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	10,930	10,930	86,466	48	33,157,332	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	19,089	19,089	5,296,251	168	90,213,748	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	2,340	2,340	488,629	14	7,927,287	56.00
56.01 05601 ULTRA SOUND	260	260	773,916	13	12,405,209	56.01
57.00 05700 CT SCAN	1,195	1,195	668,874	5	48,618,278	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	10,502	10,502	1,932,953	68	40,374,591	59.00
60.00 06000 LABORATORY	0	0	0	73	96,440,015	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	9,632,790	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	4,412	4,412	2,696,195	51	40,157,269	65.00
66.00 06600 PHYSICAL THERAPY	21,375	21,375	2,366,187	60	19,456,926	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
68.01 06801 RADIOLOGY	0	0	310,843	7	989,143	68.01
69.00 06900 ELECTROCARDIOLOGY	4,460	4,460	1,029,886	31	19,671,280	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	99,249	22	1,874,227	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	43,713,978	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	49,994,496	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	155,978,694	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	578	578	453,847	5	4,905,034	76.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	NONPATIENT TELEPHONES (NONPATIENT PHONES)	DATA PROCESSING (PATIENT REVENUE)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00	4.00	5.01	5.02	
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	3,676	3,676	284,776	1	6,370,138
90.01	09001	A. R. C. CLINIC	5,388	5,388	964,862	97	16,833,319
90.02	09002	CANCER CTR CLINIC	12,780	12,780	1,290,481	83	4,973,234
90.03	09003	UROLOGY CLINIC	0	0	172,487	7	1,016,557
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	125,749	0	119,522
90.06	09006	WOUND CARE CLINIC	0	0	15,846	1	506,731
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	1,495	1,495	77,146	0	645,590
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	18,297	18,297	5,374,250	119	94,555,453
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	405,761	405,761	124,766,270	2,691	1,250,147,355
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,527	5,527	0	2	190.00
190.01	19001	SUBCORPS	0	0	0	0	190.01
190.02	19002	GRANTS	0	0	0	0	190.02
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	HOSPICE	0	0	0	0	192.01
192.02	19202	OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,207,869	11,040,539	31,987,357	1,127,750	8,339,070
203.00		Unit cost multiplier (Wkst. B, Part I)	19.956500	26.843815	0.256378	418.770887	0.006670
204.00		Cost to be allocated (per Wkst. B, Part II)			106,049	101,663	31,488
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000850	37.750835	0.000025

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			PURCHASING RECEIVING AND STORES (PURCHASE REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES	38,395,403					5.03
5.04	00540	ADMITTING	58,986	724,857,535				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	12,812		1,250,147,355			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,204,299			-35,845,838	262,681,243	5.06
6.00	00600	MAINTENANCE & REPAIRS	0			0	0	6.00
7.00	00700	OPERATION OF PLANT	869,195			0	13,886,988	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,817			0	503,846	8.00
9.00	00900	HOUSEKEEPING	542,012			0	5,471,137	9.00
10.00	01000	DIETARY	2,045,931			0	2,579,930	10.00
11.00	01100	CAFETERIA	0			0	1,791,415	11.00
13.00	01300	NURSING ADMINISTRATION	47,629			0	3,176,163	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,196,420			0	3,359,642	14.00
15.00	01500	PHARMACY	88,760			0	3,702,574	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	32,067			0	2,894,633	16.00
17.00	01700	SOCIAL SERVICE	18,867			0	3,448,945	17.00
20.00	02000	NURSING SCHOOL	0			0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0	16,119,058	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	171,018			0	3,546,198	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0			0	0	23.00
23.01	02301	PARAMED ANESTH SCHOOL	0			0	0	23.01
23.02	02302	PARAMED RADIOLOGY SCHOOL	0			0	0	23.02
23.03	02303	PARAMED PHARMACY	0			0	274,818	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	2,073,947	112,335,271	112,335,271	0	33,960,716	30.00
31.00	03100	INTENSIVE CARE UNIT	1,478,116	87,989,115	87,989,115	0	21,017,231	31.00
32.00	03200	CORONARY CARE UNIT	347,676	32,806,834	32,806,834	0	7,607,537	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	67,887	14,435,497	14,435,497	0	5,849,186	40.00
41.00	04100	SUBPROVIDER - IRF	101,287	10,415,278	10,415,278	0	3,229,825	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	187,455	6,833,164	6,833,164	0	2,688,764	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	16,610,414	67,645,145	184,801,355	0	19,900,914	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	889,385	14,280,534	33,157,332	0	1,400,153	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,429,422	21,734,339	90,213,748	0	11,302,700	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	11,680	1,825,699	7,927,287	0	1,253,754	56.00
56.01	05601	ULTRA SOUND	114,368	2,355,236	12,405,209	0	1,232,048	56.01
57.00	05700	CT SCAN	361,034	16,545,776	48,618,278	0	1,903,321	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,259,609	24,335,520	40,374,591	0	2,721,473	59.00
60.00	06000	LABORATORY	1,044,115	60,997,344	96,440,015	0	9,137,295	60.00
60.01	06001	BLOOD LABORATORY	123,581	8,173,901	9,632,790	0	1,144,892	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	337,133	36,336,629	40,157,269	0	4,422,388	65.00
66.00	06600	PHYSICAL THERAPY	129,280	10,988,089	19,456,926	0	4,780,997	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
68.01	06801	CARDIOLOGY	6,731	130,775	989,143	0	431,991	68.01
69.00	06900	ELECTROCARDIOLOGY	60,189	9,301,685	19,671,280	0	1,965,062	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	13,831	295,546	1,874,227	0	176,842	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,074,399	43,713,978	0	20,186,587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	32,193,687	49,994,496	0	12,333,244	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	95,133,299	155,978,694	0	14,803,241	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	89,660	4,509,003	4,905,034	0	719,907	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		PURCHASING RECEIVING AND STORES (PURCHASE REQUISITION)	ADMITTING (INPATIENT REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (PATIENT REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	126,122	2,330	6,370,138	0	641,448	90.00
90.01	09001 A.R.C. CLINIC	178,069	788,407	16,833,319	0	1,922,107	90.01
90.02	09002 CANCER CTR CLINIC	111,650	22,737	4,973,234	0	2,610,271	90.02
90.03	09003 UROLOGY CLINIC	25,857	19,116	1,016,557	0	236,039	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	74,457	0	119,522	0	180,839	90.05
90.06	09006 WOUND CARE CLINIC	19,726	1,411	506,731	0	28,773	90.06
90.07	09007 DENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	610	1,363	645,590	0	177,781	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	830,299	29,350,406	94,555,453	0	11,698,250	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,395,403	724,857,535	1,250,147,355	-35,845,838	262,420,923	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	260,320	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,017,804	4,450,691	90,490		35,845,838	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.026508	0.006140	0.000072		0.136461	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	213,874	100,828	495,843		920,750	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.005570	0.000139	0.000040		0.003505	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	369,922					6.00
7.00	00700	10,756	359,166				7.00
8.00	00800	1,488	1,488	2,009,963			8.00
9.00	00900	9,295	9,295	0	348,383		9.00
10.00	01000	9,847	9,847	0	9,847	70,915	10.00
11.00	01100	7,536	7,536	0	7,536	0	11.00
13.00	01300	7,241	7,241	0	7,241	0	13.00
14.00	01400	7,756	7,756	0	7,756	0	14.00
15.00	01500	4,101	4,101	0	4,101	0	15.00
16.00	01600	5,147	5,147	0	5,147	0	16.00
17.00	01700	2,037	2,037	0	2,037	0	17.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	1,160	1,160	0	1,160	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	80	80	0	80	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	75,785	75,785	533,119	75,785	33,308	30.00
31.00	03100	33,519	33,519	262,218	33,519	14,194	31.00
32.00	03200	15,811	15,811	155,335	15,811	8,064	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	20,004	20,004	142,036	20,004	10,178	40.00
41.00	04100	1,321	1,321	72,162	1,321	5,171	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	6,530	6,530	61,682	6,530	0	43.00
44.00	04400	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	28,204	28,204	353,586	28,204	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	10,930	10,930	0	10,930	0	53.00
54.00	05400	19,089	19,089	156,373	19,089	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	2,340	2,340	4,611	2,340	0	56.00
56.01	05601	260	260	32,131	260	0	56.01
57.00	05700	1,195	1,195	38,215	1,195	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	10,502	10,502	0	10,502	0	59.00
60.00	06000	0	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	4,412	4,412	0	4,412	0	65.00
66.00	06600	21,375	21,375	57,160	21,375	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
68.01	06801	0	0	5,576	0	0	68.01
69.00	06900	4,460	4,460	41,076	4,460	0	69.00
70.00	07000	0	0	4,092	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	578	578	0	578	0	76.00
76.01	03021	0	0	0	0	0	76.01
76.02	03022	0	0	0	0	0	76.02
76.97	07697	0	0	0	0	0	76.97

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	
		6.00	7.00	8.00	9.00	10.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	3,676	3,676	9,030	3,676	0	90.00
90.01	09001 A. R. C. CLINIC	5,388	5,388	0	5,388	0	90.01
90.02	09002 CANCER CTR CLINIC	12,780	12,780	0	12,780	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	401	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	2,488	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1,495	1,495	0	1,495	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	18,297	18,297	78,672	18,297	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	364,395	353,639	2,009,963	342,856	70,915	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,527	5,527	0	5,527	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	15,782,020	637,985	6,626,163	3,551,962	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	43.940740	0.317411	19.019766	50.087598	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	565,376	74,035	477,739	513,465	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	1.574136	0.036834	1.371304	7.240570	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION  (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITION)	PHARMACY (COSTED REQUISITION)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,363					11.00
13.00	01300	NURSING ADMINISTRATION	26	5,482,880				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	60	8,320	29,250,375			14.00
15.00	01500	PHARMACY	71	2,080	23,753	1,487,973		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47	4,160	852	0	1,250,147,355	16.00
17.00	01700	SOCIAL SERVICE	26	47,840	80	117,651	0	17.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,160	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	217	0	4,326	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0	0	0	0	23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	2	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	558	2,130,398	1,695,635	182,311	112,335,271	30.00
31.00	03100	INTENSIVE CARE UNIT	317	1,501,760	1,319,461	151,590	87,989,115	31.00
32.00	03200	CORONARY CARE UNIT	136	443,040	296,657	56,266	32,806,834	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	94	187,200	38,971	2	14,435,497	40.00
41.00	04100	SUBPROVIDER - I/RF	47	295,360	78,426	3,233	10,415,278	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41	122,242	114,913	3,249	6,833,164	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	188	284,960	16,165,229	72,364	184,801,355	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	4	2,080	833,612	165,019	33,157,332	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	118	43,680	1,324,082	175,668	90,213,748	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	9	0	9,929	245,723	7,927,287	56.00
56.01	05601	ULTRA SOUND	16	0	113,314	66	12,405,209	56.01
57.00	05700	CT SCAN	15	0	358,315	16,653	48,618,278	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	30	18,720	4,192,450	23,931	40,374,591	59.00
60.00	06000	LABORATORY	0	0	1,043,424	0	96,440,015	60.00
60.01	06001	BLOOD LABORATORY	0	0	123,581	0	9,632,790	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	74	14,560	319,231	60	40,157,269	65.00
66.00	06600	PHYSICAL THERAPY	38	2,080	117,683	0	19,456,926	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
68.01	06801	CARDIOLOGY	4	10,400	4,190	0	989,143	68.01
69.00	06900	ELECTROCARDIOLOGY	21	4,160	48,349	8,026	19,671,280	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2	0	5,924	0	1,874,227	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	43,713,978	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	49,994,496	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	155,978,694	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	9	8,320	88,458	2,532	4,905,034	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		CAFETERIA (TOTAL FTES)	NURSING ADMINISTRATION (DIRECT NRS ING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENT)	PHARMACY (COSTED REQUIREMENT)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	6	2,080	100,083	345	6,370,138	90.00
90.01	09001 A. R. C. CLINIC	14	45,760	27,042	0	16,833,319	90.01
90.02	09002 CANCER CTR CLINIC	24	52,000	54,940	21,262	4,973,234	90.02
90.03	09003 UROLOGY CLINIC	2	0	18,501	1,458	1,016,557	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	1	0	46,193	0	119,522	90.05
90.06	09006 WOUND CARE CLINIC	0	0	18,763	0	506,731	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	1	0	0	0	645,590	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	145	247,520	664,008	240,564	94,555,453	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	2,363	5,482,880	29,250,375	1,487,973	1,250,147,355	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,510,343	4,093,103	4,376,375	4,546,566	3,666,860	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,062.354211	0.746524	0.149618	3.055543	0.002933	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	381,787	378,612	422,568	234,567	278,812	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	161.568769	0.069053	0.014447	0.157642	0.000223	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	SOCIAL SERVICE (PATIENT DAYS)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		Reconciliation 23A	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.00	20.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00520 DATA PROCESSING						5.02
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.04 00540 ADMITTING						5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	70,915					17.00
20.00 02000 NURSING SCHOOL	0	0				20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0		18,050			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0			18,050		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				0	23.00
23.01 02301 PARAMED ED ANESTH SCHOOL	0				0	23.01
23.02 02302 PARAMED ED RADIOLOGY SCHOOL	0				0	23.02
23.03 02303 PARAMED ED PHARMACY	0				0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	33,308	0	17,819	17,819	0	30.00
31.00 03100 INTENSIVE CARE UNIT	14,194	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	8,064	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	10,178	0	150	150	0	40.00
41.00 04100 SUBPROVIDER - IRF	5,171	0	81	81	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01 05601 ULTRA SOUND	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01 06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01 03021 METABOLIC SUPPORT	0	0	0	0	0	76.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description	SOCIAL SERVICE	NURSING SCHOOL	INTERNS & RESIDENTS		Reconciliation			
			(PATIENT DAYS)	(ASSIGNED TIME)			SERVICES-SALAR	SERVICES-OTHER
							Y & FRINGES (ASSIGNED TIME)	PRGM COSTS (ASSIGNED TIME)
	17.00	20.00	21.00	22.00	23A			
76.02 03022 CMHC	0	0	0	0	0	76.02		
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97		
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00		
90.01 09001 A. R. C. CLINIC	0	0	0	0	0	90.01		
90.02 09002 CANCER CTR CLINIC	0	0	0	0	0	90.02		
90.03 09003 UROLOGY CLINIC	0	0	0	0	0	90.03		
90.04 09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04		
90.05 09005 EYE CENTER	0	0	0	0	0	90.05		
90.06 09006 WOUND CARE CLINIC	0	0	0	0	0	90.06		
90.07 09007 EENT CLINIC	0	0	0	0	0	90.07		
90.08 09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08		
90.09 09010 O/P DENTISTRY	0	0	0	0	0	90.09		
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		
93.00 04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00		
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00		
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00		
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00		
113.00 11300 INTEREST EXPENSE						113.00		
114.00 11400 UTILIZATION REVIEW-SNF						114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D. P.)	0	0	0	0	0	115.00		
118.00	70,915	0	18,050	18,050	0	118.00		
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00		
190.01 19001 SUBCORPS	0	0	0	0	0	190.01		
190.02 19002 GRANTS	0	0	0	0	0	190.02		
191.00 19100 RESEARCH	0	0	0	0	0	191.00		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00		
192.01 19201 HOSPICE	0	0	0	0	0	192.01		
192.02 19202 OUTPATIENT PHARMACY	0	0	0	0	0	192.02		
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00		
200.00						200.00		
201.00						201.00		
202.00	4,470,676	0	18,321,787	4,334,328		202.00		
203.00	63.042741	0.000000	1,015.057452	240.128975		203.00		
204.00	142,063	0	67,689	109,155		204.00		
205.00	2.003286	0.000000	3.750083	6.047368		205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		PARAMED ED PRGM (ACCU. COST)	PARAMED ED ANESTH SCHOOL (ASSIGNED TIME)	PARAMED ED RADIOLOGY SCHOOL (ASSIGNED TIME)	PARAMED ED PHARMACY (ASSIGNED TIME)	
		23.00	23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00520	DATA PROCESSING				5.02
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00540	ADMITTING				5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE				17.00
20.00	02000	NURSING SCHOOL				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	298,527,081			23.00
23.01	02301	PARAMED ED ANESTH SCHOOL	0	0		23.01
23.02	02302	PARAMED ED RADIOLOGY SCHOOL	0	0	0	23.02
23.03	02303	PARAMED ED PHARMACY	319,482	0	0	23.03
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	72,993,538	0	0	526
31.00	03100	INTENSIVE CARE UNIT	30,061,183	0	0	0
32.00	03200	CORONARY CARE UNIT	11,390,476	0	0	324
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	9,579,423	0	0	0
41.00	04100	SUBPROVIDER - IRF	4,785,898	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	3,668,362	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	28,098,949	0	0	0
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	3,011,375	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,253,997	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	2,358,749	0	0	0
56.01	05601	ULTRA SOUND	1,497,282	0	0	0
57.00	05700	CT SCAN	2,513,444	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	4,618,713	0	0	202
60.00	06000	LABORATORY	10,823,153	0	0	0
60.01	06001	BLOOD LABORATORY	1,347,868	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	5,558,863	0	0	0
66.00	06600	PHYSICAL THERAPY	6,913,936	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
68.01	06801	CARDIOLOGY	508,252	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,641,927	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	210,781	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,069,482	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,162,885	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	17,280,792	0	0	890
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03020	RENAL DIALYSIS	905,667	0	0	0
76.01	03021	METABOLIC SUPPORT	0	0	0	0
76.02	03022	CMHC	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140182

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

Worksheet B-1

Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		PARAMED ED PRGM (ACCU M. COST)	PARAMED ED ANESTH SCHOOL (ASSI GNE D TI ME)	PARAMED ED RADIOLOGY SCHOOL (ASSI GNE D TI ME)	PARAMED ED PHARMACY (ASSI GNE D TI ME)	
		23.00	23.01	23.02	23.03	
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	1,005,929	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	2,626,083	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	3,923,196	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	280,579	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005 EYE CENTER	213,967	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	37,782	0	0	0	90.06
90.07	09007 DENT CLINIC	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	299,123	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	90.09
91.00	09100 EMERGENCY	15,922,119	0	0	404	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	297,883,255	0	0	2,346	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	643,826	0	0	0	190.00
190.01	19001 SUBCORPS	0	0	0	0	190.01
190.02	19002 GRANTS	0	0	0	0	190.02
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201 HOSPICE	0	0	0	0	192.01
192.02	19202 OUTPATIENT PHARMACY	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0	0	319,482	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	136.181586	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0	0	5,523	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	2.354220	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am		
			Title XVIII	Hospital	PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	50,699,003	50,699,003	0	50,699,003	30.00
31.00	03100	INTENSIVE CARE UNIT	30,061,183	30,061,183	0	30,061,183	31.00
32.00	03200	CORONARY CARE UNIT	11,434,599	11,434,599	0	11,434,599	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,391,145	9,391,145	0	9,391,145	40.00
41.00	04100	SUBPROVIDER - I/RF	4,684,228	4,684,228	0	4,684,228	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,668,362	3,668,362	0	3,668,362	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	28,098,949	28,098,949	0	28,098,949	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,011,375	3,011,375	0	3,011,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,253,997	15,253,997	0	15,253,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,358,749	2,358,749	0	2,358,749	56.00
56.01	05601	ULTRA SOUND	1,497,282	1,497,282	0	1,497,282	56.01
57.00	05700	CT SCAN	2,513,444	2,513,444	0	2,513,444	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,646,222	4,646,222	0	4,646,222	59.00
60.00	06000	LABORATORY	10,823,153	10,823,153	0	10,823,153	60.00
60.01	06001	BLOOD LABORATORY	1,347,868	1,347,868	0	1,347,868	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,558,863	5,558,863	0	5,558,863	65.00
66.00	06600	PHYSICAL THERAPY	6,913,936	6,913,936	0	6,913,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	508,252	508,252	0	508,252	68.01
69.00	06900	ELECTROCARDIOLOGY	2,641,927	2,641,927	0	2,641,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	210,781	210,781	0	210,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,069,482	23,069,482	0	23,069,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,162,885	14,162,885	0	14,162,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,401,993	17,401,993	0	17,401,993	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	905,667	905,667	0	905,667	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,005,929	1,005,929	0	1,005,929	90.00
90.01	09001	A. R. C. CLINIC	2,626,083	2,626,083	0	2,626,083	90.01
90.02	09002	CANCER CTR CLINIC	3,923,196	3,923,196	0	3,923,196	90.02
90.03	09003	UROLOGY CLINIC	280,579	280,579	0	280,579	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	213,967	213,967	0	213,967	90.05
90.06	09006	WOUND CARE CLINIC	37,782	37,782	0	37,782	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	299,123	299,123	0	299,123	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	15,977,136	15,977,136	0	15,977,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,788,625	9,788,625	0	9,788,625	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00		Subtotal (see instructions)	285,015,765	0	285,015,765	0	285,015,765	200.00
201.00		Less Observation Beds	9,788,625		9,788,625		9,788,625	201.00
202.00		Total (see instructions)	275,227,140	0	275,227,140	0	275,227,140	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am	
			Title XVIIII		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	112,335,271		112,335,271			30.00
31.00	03100	INTENSIVE CARE UNIT	87,989,115		87,989,115			31.00
32.00	03200	CORONARY CARE UNIT	32,806,834		32,806,834			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	14,435,497		14,435,497			40.00
41.00	04100	SUBPROVIDER - I RF	10,415,278		10,415,278			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	6,833,164		6,833,164			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	67,645,145	117,156,210	184,801,355	0.152049	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,280,534	18,876,798	33,157,332	0.090821	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,734,339	68,479,409	90,213,748	0.169087	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,825,699	6,101,588	7,927,287	0.297548	0.000000	56.00
56.01	05601	ULTRA SOUND	2,355,236	10,049,973	12,405,209	0.120698	0.000000	56.01
57.00	05700	CT SCAN	16,545,776	32,072,502	48,618,278	0.051698	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,335,520	16,039,071	40,374,591	0.115078	0.000000	59.00
60.00	06000	LABORATORY	60,997,344	35,442,671	96,440,015	0.112227	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,173,901	1,458,889	9,632,790	0.139925	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	36,336,629	3,820,640	40,157,269	0.138427	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,988,089	8,468,837	19,456,926	0.355346	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
68.01	06801	CARDIOLOGY	130,775	858,368	989,143	0.513831	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	9,301,685	10,369,595	19,671,280	0.134304	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	295,546	1,578,681	1,874,227	0.112463	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,074,399	20,639,579	43,713,978	0.527737	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,193,687	17,800,809	49,994,496	0.283289	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,133,299	60,845,395	155,978,694	0.111566	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	RENAL DIALYSIS	4,509,003	396,031	4,905,034	0.184640	0.000000	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0.000000	0.000000	76.01
76.02	03022	CMHC	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	2,330	6,367,808	6,370,138	0.157913	0.000000	90.00
90.01	09001	A. R. C. CLINIC	788,407	16,044,912	16,833,319	0.156005	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	22,737	4,950,497	4,973,234	0.788862	0.000000	90.02
90.03	09003	UROLOGY CLINIC	19,116	997,441	1,016,557	0.276009	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	119,522	119,522	1.790189	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	1,411	505,320	506,731	0.074560	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	1,363	644,227	645,590	0.463333	0.000000	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0.000000	0.000000	90.09
91.00	09100	EMERGENCY	29,350,406	65,205,047	94,555,453	0.168971	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,913,092	15,765,526	17,678,618	0.553699	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00



COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Title XVIII			Hospital	PPS
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	726,770,627	541,055,346	1,267,825,973		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	726,770,627	541,055,346	1,267,825,973		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital
		11.00		PPS
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.152049		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.090821		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.169087		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.297548		56.00
56.01	05601 ULTRA SOUND	0.120698		56.01
57.00	05700 CT SCAN	0.051698		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.115078		59.00
60.00	06000 LABORATORY	0.112227		60.00
60.01	06001 BLOOD LABORATORY	0.139925		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.138427		65.00
66.00	06600 PHYSICAL THERAPY	0.355346		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 RADIOLOGY	0.513831		68.01
69.00	06900 ELECTROCARDIOLOGY	0.134304		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.112463		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.283289		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.111566		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 RENAL DIALYSIS	0.184640		76.00
76.01	03021 METABOLIC SUPPORT	0.000000		76.01
76.02	03022 CMHC	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.157913		90.00
90.01	09001 A. R. C. CLINIC	0.156005		90.01
90.02	09002 CANCER CTR CLINIC	0.788862		90.02
90.03	09003 UROLOGY CLINIC	0.276009		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	1.790189		90.05
90.06	09006 WOUND CARE CLINIC	0.074560		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.463333		90.08
90.09	09010 O/P DENTISTRY	0.000000		90.09
91.00	09100 EMERGENCY	0.168971		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.553699		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital
		11.00		PPS
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
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: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am		
			Title XIX	Hospital	Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	50,699,003	50,699,003	0	50,699,003	30.00
31.00	03100	INTENSIVE CARE UNIT	30,061,183	30,061,183	0	30,061,183	31.00
32.00	03200	CORONARY CARE UNIT	11,434,599	11,434,599	0	11,434,599	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,391,145	9,391,145	0	9,391,145	40.00
41.00	04100	SUBPROVIDER - I/RF	4,684,228	4,684,228	0	4,684,228	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	3,668,362	3,668,362	0	3,668,362	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	28,098,949	28,098,949	0	28,098,949	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	3,011,375	3,011,375	0	3,011,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,253,997	15,253,997	0	15,253,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,358,749	2,358,749	0	2,358,749	56.00
56.01	05601	ULTRA SOUND	1,497,282	1,497,282	0	1,497,282	56.01
57.00	05700	CT SCAN	2,513,444	2,513,444	0	2,513,444	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,646,222	4,646,222	0	4,646,222	59.00
60.00	06000	LABORATORY	10,823,153	10,823,153	0	10,823,153	60.00
60.01	06001	BLOOD LABORATORY	1,347,868	1,347,868	0	1,347,868	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,558,863	5,558,863	0	5,558,863	65.00
66.00	06600	PHYSICAL THERAPY	6,913,936	6,913,936	0	6,913,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	508,252	508,252	0	508,252	68.01
69.00	06900	ELECTROCARDIOLOGY	2,641,927	2,641,927	0	2,641,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	210,781	210,781	0	210,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,069,482	23,069,482	0	23,069,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,162,885	14,162,885	0	14,162,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,401,993	17,401,993	0	17,401,993	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	905,667	905,667	0	905,667	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	1,005,929	1,005,929	0	1,005,929	90.00
90.01	09001	A. R. C. CLINIC	2,626,083	2,626,083	0	2,626,083	90.01
90.02	09002	CANCER CTR CLINIC	3,923,196	3,923,196	0	3,923,196	90.02
90.03	09003	UROLOGY CLINIC	280,579	280,579	0	280,579	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	213,967	213,967	0	213,967	90.05
90.06	09006	WOUND CARE CLINIC	37,782	37,782	0	37,782	90.06
90.07	09007	EENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	299,123	299,123	0	299,123	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	15,977,136	15,977,136	0	15,977,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,788,625	9,788,625	0	9,788,625	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00		Subtotal (see instructions)	285,015,765	0	285,015,765	0	285,015,765	200.00
201.00		Less Observation Beds	9,788,625		9,788,625		9,788,625	201.00
202.00		Total (see instructions)	275,227,140	0	275,227,140	0	275,227,140	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	112,335,271		112,335,271			30.00
31.00	03100	INTENSIVE CARE UNIT	87,989,115		87,989,115			31.00
32.00	03200	CORONARY CARE UNIT	32,806,834		32,806,834			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I PF	14,435,497		14,435,497			40.00
41.00	04100	SUBPROVIDER - I RF	10,415,278		10,415,278			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	6,833,164		6,833,164			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	67,645,145	117,156,210	184,801,355	0.152049	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,280,534	18,876,798	33,157,332	0.090821	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,734,339	68,479,409	90,213,748	0.169087	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,825,699	6,101,588	7,927,287	0.297548	0.000000	56.00
56.01	05601	ULTRA SOUND	2,355,236	10,049,973	12,405,209	0.120698	0.000000	56.01
57.00	05700	CT SCAN	16,545,776	32,072,502	48,618,278	0.051698	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,335,520	16,039,071	40,374,591	0.115078	0.000000	59.00
60.00	06000	LABORATORY	60,997,344	35,442,671	96,440,015	0.112227	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,173,901	1,458,889	9,632,790	0.139925	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	36,336,629	3,820,640	40,157,269	0.138427	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,988,089	8,468,837	19,456,926	0.355346	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
68.01	06801	CARDIOLOGY	130,775	858,368	989,143	0.513831	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	9,301,685	10,369,595	19,671,280	0.134304	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	295,546	1,578,681	1,874,227	0.112463	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,074,399	20,639,579	43,713,978	0.527737	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,193,687	17,800,809	49,994,496	0.283289	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,133,299	60,845,395	155,978,694	0.111566	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	RENAL DIALYSIS	4,509,003	396,031	4,905,034	0.184640	0.000000	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0.000000	0.000000	76.01
76.02	03022	CMHC	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	2,330	6,367,808	6,370,138	0.157913	0.000000	90.00
90.01	09001	A. R. C. CLINIC	788,407	16,044,912	16,833,319	0.156005	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	22,737	4,950,497	4,973,234	0.788862	0.000000	90.02
90.03	09003	UROLOGY CLINIC	19,116	997,441	1,016,557	0.276009	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	119,522	119,522	1.790189	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	1,411	505,320	506,731	0.074560	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	1,363	644,227	645,590	0.463333	0.000000	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0.000000	0.000000	90.09
91.00	09100	EMERGENCY	29,350,406	65,205,047	94,555,453	0.168971	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,913,092	15,765,526	17,678,618	0.553699	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Title XIX			Hospital	Cost
			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio
			Inpatient	Outpatient	Total (col. 6 + col. 7)		
6.00	7.00	8.00	9.00	10.00			
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
200.00		Subtotal (see instructions)	726,770,627	541,055,346	1,267,825,973		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	726,770,627	541,055,346	1,267,825,973		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital Cost
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 RADIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 RENAL DIALYSIS	0.000000		76.00
76.01	03021 METABOLIC SUPPORT	0.000000		76.01
76.02	03022 CMHC	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 A. R. C. CLINIC	0.000000		90.01
90.02	09002 CANCER CTR CLINIC	0.000000		90.02
90.03	09003 UROLOGY CLINIC	0.000000		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	0.000000		90.05
90.06	09006 WOUND CARE CLINIC	0.000000		90.06
90.07	09007 EENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010 O/P DENTISTRY	0.000000		90.09
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00



COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital
		11.00		Cost
115.00	11500			115.00
200.00				200.00
201.00				201.00
202.00				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am	
			Title V	Hospital	Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	50,699,003	0	50,699,003	30.00
31.00	03100	INTENSIVE CARE UNIT	30,061,183	0	30,061,183	31.00
32.00	03200	CORONARY CARE UNIT	11,434,599	0	11,434,599	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	9,391,145	0	9,391,145	40.00
41.00	04100	SUBPROVIDER - I/RF	4,684,228	0	4,684,228	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	3,668,362	0	3,668,362	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	28,098,949	0	28,098,949	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	3,011,375	0	3,011,375	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,253,997	0	15,253,997	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	2,358,749	0	2,358,749	56.00
56.01	05601	ULTRA SOUND	1,497,282	0	1,497,282	56.01
57.00	05700	CT SCAN	2,513,444	0	2,513,444	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,646,222	0	4,646,222	59.00
60.00	06000	LABORATORY	10,823,153	0	10,823,153	60.00
60.01	06001	BLOOD LABORATORY	1,347,868	0	1,347,868	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,558,863	0	5,558,863	65.00
66.00	06600	PHYSICAL THERAPY	6,913,936	0	6,913,936	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801	CARDIOLOGY	508,252	0	508,252	68.01
69.00	06900	ELECTROCARDIOLOGY	2,641,927	0	2,641,927	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	210,781	0	210,781	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,069,482	0	23,069,482	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	14,162,885	0	14,162,885	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,401,993	0	17,401,993	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	905,667	0	905,667	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	76.01
76.02	03022	CMHC	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	1,005,929	0	1,005,929	90.00
90.01	09001	A. R. C. CLINIC	2,626,083	0	2,626,083	90.01
90.02	09002	CANCER CTR CLINIC	3,923,196	0	3,923,196	90.02
90.03	09003	UROLOGY CLINIC	280,579	0	280,579	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005	EYE CENTER	213,967	0	213,967	90.05
90.06	09006	WOUND CARE CLINIC	37,782	0	37,782	90.06
90.07	09007	EENT CLINIC	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	299,123	0	299,123	90.08
90.09	09010	O/P DENTISTRY	0	0	0	90.09
91.00	09100	EMERGENCY	15,977,136	0	15,977,136	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,788,625	0	9,788,625	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
99.10	09910	CORF	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
200.00		Subtotal (see instructions)	285,015,765	0	285,015,765	0	285,015,765	200.00
201.00		Less Observation Beds	9,788,625		9,788,625		9,788,625	201.00
202.00		Total (see instructions)	275,227,140	0	275,227,140	0	275,227,140	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am	
			Title V		Hospital		Cost	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	112,335,271		112,335,271			30.00
31.00	03100	INTENSIVE CARE UNIT	87,989,115		87,989,115			31.00
32.00	03200	CORONARY CARE UNIT	32,806,834		32,806,834			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00
40.00	04000	SUBPROVIDER - I/PF	14,435,497		14,435,497			40.00
41.00	04100	SUBPROVIDER - I/RF	10,415,278		10,415,278			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	6,833,164		6,833,164			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	67,645,145	117,156,210	184,801,355	0.152049	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	14,280,534	18,876,798	33,157,332	0.090821	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,734,339	68,479,409	90,213,748	0.169087	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	1,825,699	6,101,588	7,927,287	0.297548	0.000000	56.00
56.01	05601	ULTRA SOUND	2,355,236	10,049,973	12,405,209	0.120698	0.000000	56.01
57.00	05700	CT SCAN	16,545,776	32,072,502	48,618,278	0.051698	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	24,335,520	16,039,071	40,374,591	0.115078	0.000000	59.00
60.00	06000	LABORATORY	60,997,344	35,442,671	96,440,015	0.112227	0.000000	60.00
60.01	06001	BLOOD LABORATORY	8,173,901	1,458,889	9,632,790	0.139925	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	36,336,629	3,820,640	40,157,269	0.138427	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	10,988,089	8,468,837	19,456,926	0.355346	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
68.01	06801	CARDIOLOGY	130,775	858,368	989,143	0.513831	0.000000	68.01
69.00	06900	ELECTROCARDIOLOGY	9,301,685	10,369,595	19,671,280	0.134304	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	295,546	1,578,681	1,874,227	0.112463	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	23,074,399	20,639,579	43,713,978	0.527737	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	32,193,687	17,800,809	49,994,496	0.283289	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	95,133,299	60,845,395	155,978,694	0.111566	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
76.00	03020	RENAL DIALYSIS	4,509,003	396,031	4,905,034	0.184640	0.000000	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0.000000	0.000000	76.01
76.02	03022	CMHC	0	0	0	0.000000	0.000000	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0.000000	0.000000	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	2,330	6,367,808	6,370,138	0.157913	0.000000	90.00
90.01	09001	A. R. C. CLINIC	788,407	16,044,912	16,833,319	0.156005	0.000000	90.01
90.02	09002	CANCER CTR CLINIC	22,737	4,950,497	4,973,234	0.788862	0.000000	90.02
90.03	09003	UROLOGY CLINIC	19,116	997,441	1,016,557	0.276009	0.000000	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0.000000	0.000000	90.04
90.05	09005	EYE CENTER	0	119,522	119,522	1.790189	0.000000	90.05
90.06	09006	WOUND CARE CLINIC	1,411	505,320	506,731	0.074560	0.000000	90.06
90.07	09007	EENT CLINIC	0	0	0	0.000000	0.000000	90.07
90.08	09008	O/P PHARMACY CLINIC	1,363	644,227	645,590	0.463333	0.000000	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0.000000	0.000000	90.09
91.00	09100	EMERGENCY	29,350,406	65,205,047	94,555,453	0.168971	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,913,092	15,765,526	17,678,618	0.553699	0.000000	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0.000000	0.000000	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000	97.00
99.10	09910	CORF	0	0	0	0.000000	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0.000000	0.000000	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140182

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
			Inpatient	Outpatient	Total (col. 6 + col. 7)			
			6.00	7.00	8.00	9.00	10.00	
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
200.00		Subtotal (see instructions)	726,770,627	541,055,346	1,267,825,973			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	726,770,627	541,055,346	1,267,825,973			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description		PPS Inpatient Ratio	Title V	Hospital Cost
		11.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
33.00	03300 BURN INTENSIVE CARE UNIT			33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT			34.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
56.01	05601 ULTRA SOUND	0.000000		56.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
68.01	06801 RADIOLOGY	0.000000		68.01
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
76.00	03020 RENAL DIALYSIS	0.000000		76.00
76.01	03021 METABOLIC SUPPORT	0.000000		76.01
76.02	03022 CMHC	0.000000		76.02
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 A. R. C. CLINIC	0.000000		90.01
90.02	09002 CANCER CTR CLINIC	0.000000		90.02
90.03	09003 UROLOGY CLINIC	0.000000		90.03
90.04	09004 ORTHOPEDIC CLINIC	0.000000		90.04
90.05	09005 EYE CENTER	0.000000		90.05
90.06	09006 WOUND CARE CLINIC	0.000000		90.06
90.07	09007 DENT CLINIC	0.000000		90.07
90.08	09008 O/P PHARMACY CLINIC	0.000000		90.08
90.09	09010 O/P DENTISTRY	0.000000		90.09
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
93.00	04040 FAMILY HEALTH CENTER	0.000000		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000		97.00
99.10	09910 CORF			99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM			100.00
101.00	10100 HOME HEALTH AGENCY			101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description			PPS Inpatient Ratio	Title V	Hospital
			11.00		Cost
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)			115.00
200.00		Subtotal (see instructions)			200.00
201.00		Less Observation Beds			201.00
202.00		Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/29/2014 7:50 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,598,462	0	4,598,462	40,969	112.24	30.00
31.00	INTENSIVE CARE UNIT	2,142,172		2,142,172	14,194	150.92	31.00
32.00	CORONARY CARE UNIT	980,780		980,780	8,064	121.62	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,154,912	0	1,154,912	10,178	113.47	40.00
41.00	SUBPROVIDER - IRF	164,117	0	164,117	5,171	31.74	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	358,928		358,928	4,420	81.21	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (Lines 30-199)	9,399,371		9,399,371	82,996		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	6,335	711,040	30.00
31.00	INTENSIVE CARE UNIT	3,228	487,170	31.00
32.00	CORONARY CARE UNIT	3,892	473,345	32.00
33.00	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	SUBPROVIDER - IPF	3,535	401,116	40.00
41.00	SUBPROVIDER - IRF	2,319	73,605	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (Lines 30-199)	19,309	2,146,276	200.00



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 7:50 am	
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)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,950,703	184,801,355	0.010556	16,514,734	174,330	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	605,849	33,157,332	0.018272	2,897,498	52,943	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,111,686	90,213,748	0.012323	6,915,919	85,225	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	164,848	7,927,287	0.020795	687,073	14,288	56.00
56.01	05601 ULTRA SOUND	28,353	12,405,209	0.002286	431,611	987	56.01
57.00	05700 CT SCAN	96,822	48,618,278	0.001991	4,980,354	9,916	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	645,397	40,374,591	0.015985	9,069,937	144,983	59.00
60.00	06000 LABORATORY	91,926	96,440,015	0.000953	14,910,739	14,210	60.00
60.01	06001 BLOOD LABORATORY	10,396	9,632,790	0.001079	2,190,139	2,363	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	275,271	40,157,269	0.006855	7,497,016	51,392	65.00
66.00	06600 PHYSICAL THERAPY	1,102,288	19,456,926	0.056653	1,615,712	91,535	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
68.01	06801 CARDIOLOGY	4,013	989,143	0.004057	43,213	175	68.01
69.00	06900 ELECTROCARDIOLOGY	245,249	19,671,280	0.012467	3,402,055	42,413	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,753	1,874,227	0.001469	91,924	135	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	86,551	43,713,978	0.001980	6,291,053	12,456	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	62,102	49,994,496	0.001242	8,892,453	11,044	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	110,030	155,978,694	0.000705	23,765,371	16,755	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 RENAL DIALYSIS	38,097	4,905,034	0.007767	2,507,760	19,478	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	03022 CMHC	0	0	0.000000	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	190,877	6,370,138	0.029964	2,217	66	90.00
90.01	09001 A. R. C. CLINIC	291,012	16,833,319	0.017288	972	17	90.01
90.02	09002 CANCER CTR CLINIC	662,801	4,973,234	0.133274	19,155	2,553	90.02
90.03	09003 UROLOGY CLINIC	2,498	1,016,557	0.002457	6,330	16	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005 EYE CENTER	2,035	119,522	0.017026	0	0	90.05
90.06	09006 WOUND CARE CLINIC	771	506,731	0.001522	1,201	2	90.06
90.07	09007 DENT CLINIC	0	0	0.000000	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	75,410	645,590	0.116808	1,218	142	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0	0	90.09
91.00	09100 EMERGENCY	1,087,130	94,555,453	0.011497	8,032,831	92,353	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	887,838	17,678,618	0.050221	1,279,642	64,265	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00	Total (lines 50-199)	9,832,706	1,003,010,814		122,048,127	904,042	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part III Date/Time Prepared: 5/29/2014 7:50 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	71,632	0	0	71,632	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	44,123	0	0	44,123	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	115,755	0	0	115,755	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	40,969	1.75	6,335	11,086		30.00
31.00	03100	INTENSIVE CARE UNIT	14,194	0.00	3,228	0		31.00
32.00	03200	CORONARY CARE UNIT	8,064	5.47	3,892	21,289		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0		34.00
40.00	04000	SUBPROVIDER - IPF	10,178	0.00	3,535	0		40.00
41.00	04100	SUBPROVIDER - IRF	5,171	0.00	2,319	0		41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300	NURSERY	4,420	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00		Total (lines 30-199)	82,996		19,309	32,375		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	27,509	0	27,509
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	121,201	0	121,201
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	0	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	90.06
90.07	09007	DENT CLINIC	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	55,017	0	55,017
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	13,831	0	13,831
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
200.00		Total (Lines 50-199)	0	0	217,558	0	217,558

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	184,801,355	0.000000	0.000000	16,514,734	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	33,157,332	0.000000	0.000000	2,897,498	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	90,213,748	0.000000	0.000000	6,915,919	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,927,287	0.000000	0.000000	687,073	56.00
56.01	05601 ULTRA SOUND	0	12,405,209	0.000000	0.000000	431,611	56.01
57.00	05700 CT SCAN	0	48,618,278	0.000000	0.000000	4,980,354	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,509	40,374,591	0.000681	0.000681	9,069,937	59.00
60.00	06000 LABORATORY	0	96,440,015	0.000000	0.000000	14,910,739	60.00
60.01	06001 BLOOD LABORATORY	0	9,632,790	0.000000	0.000000	2,190,139	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	40,157,269	0.000000	0.000000	7,497,016	65.00
66.00	06600 PHYSICAL THERAPY	0	19,456,926	0.000000	0.000000	1,615,712	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
68.01	06801 CARDIOLOGY	0	989,143	0.000000	0.000000	43,213	68.01
69.00	06900 ELECTROCARDIOLOGY	0	19,671,280	0.000000	0.000000	3,402,055	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,874,227	0.000000	0.000000	91,924	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,713,978	0.000000	0.000000	6,291,053	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	49,994,496	0.000000	0.000000	8,892,453	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	121,201	155,978,694	0.000777	0.000777	23,765,371	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 RENAL DIALYSIS	0	4,905,034	0.000000	0.000000	2,507,760	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	03022 CMHC	0	0	0.000000	0.000000	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,370,138	0.000000	0.000000	2,217	90.00
90.01	09001 A. R. C. CLINIC	0	16,833,319	0.000000	0.000000	972	90.01
90.02	09002 CANCER CTR CLINIC	0	4,973,234	0.000000	0.000000	19,155	90.02
90.03	09003 UROLOGY CLINIC	0	1,016,557	0.000000	0.000000	6,330	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	119,522	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	506,731	0.000000	0.000000	1,201	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	645,590	0.000000	0.000000	1,218	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	55,017	94,555,453	0.000582	0.000582	8,032,831	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	13,831	17,678,618	0.000782	0.000782	1,279,642	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	217,558	1,003,010,814			122,048,127	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140182

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	18,693,730	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	3,409,209	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,154,873	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	1,535,359	0		56.00
56.01	05601 ULTRASOUND	0	1,031,682	0		56.01
57.00	05700 CT SCAN	0	6,814,168	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	6,177	5,299,471	3,609		59.00
60.00	06000 LABORATORY	0	1,519,200	0		60.00
60.01	06001 BLOOD LABORATORY	0	243,674	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	1,034,004	0		65.00
66.00	06600 PHYSICAL THERAPY	0	182,316	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
68.01	06801 CARDIOLOGY	0	260,601	0		68.01
69.00	06900 ELECTROCARDIOLOGY	0	2,586,580	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	236,296	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,569,081	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	4,522,924	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	18,466	15,275,954	11,869		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03020 RENAL DIALYSIS	0	235,444	0		76.00
76.01	03021 METABOLIC SUPPORT	0	0	0		76.01
76.02	03022 CMHC	0	0	0		76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	1,609,527	0		90.00
90.01	09001 A.R.C. CLINIC	0	68,753	0		90.01
90.02	09002 CANCER CTR CLINIC	0	1,258,035	0		90.02
90.03	09003 UROLOGY CLINIC	0	335,397	0		90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0		90.04
90.05	09005 EYE CENTER	0	3,774	0		90.05
90.06	09006 WOUND CARE CLINIC	0	260,139	0		90.06
90.07	09007 DENT CLINIC	0	0	0		90.07
90.08	09008 O/P PHARMACY CLINIC	0	301,244	0		90.08
90.09	09010 O/P DENTISTRY	0	0	0		90.09
91.00	09100 EMERGENCY	4,675	7,801,144	4,540		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,001	4,099,900	3,206		92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
200.00	Total (lines 50-199)	30,319	97,342,479	23,224		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0.152049	18,693,730	0	0	2,842,363
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.090821	3,409,209	0	0	309,628
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.169087	14,154,873	0	0	2,393,405
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.297548	1,535,359	0	0	456,843
56.01 05601 ULTRA SOUND	0.120698	1,031,682	0	0	124,522
57.00 05700 CT SCAN	0.051698	6,814,168	0	0	352,279
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.115078	5,299,471	0	0	609,853
60.00 06000 LABORATORY	0.112227	1,519,200	2,304	0	170,495
60.01 06001 BLOOD LABORATORY	0.139925	243,674	0	0	34,096
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.138427	1,034,004	0	0	143,134
66.00 06600 PHYSICAL THERAPY	0.355346	182,316	0	0	64,785
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
68.01 06801 RADIOLOGY	0.513831	260,601	0	0	133,905
69.00 06900 ELECTROCARDIOLOGY	0.134304	2,586,580	0	0	347,388
70.00 07000 ELECTROENCEPHALOGRAPHY	0.112463	236,296	0	0	26,575
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	4,569,081	0	0	2,411,273
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.283289	4,522,924	155,652	0	1,281,295
73.00 07300 DRUGS CHARGED TO PATIENTS	0.111566	15,275,954	0	158,001	1,704,277
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03020 RENAL DIALYSIS	0.184640	235,444	0	0	43,472
76.01 03021 METABOLIC SUPPORT	0.000000	0	0	0	0
76.02 03022 CMHC	0.000000	0	0	0	0
76.97 07697 CARDIAC REHABILITATION	0.000000	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.157913	1,609,527	0	0	254,165
90.01 09001 A.R.C. CLINIC	0.156005	68,753	0	0	10,726
90.02 09002 CANCER CTR CLINIC	0.788862	1,258,035	0	0	992,416
90.03 09003 UROLOGY CLINIC	0.276009	335,397	0	0	92,573
90.04 09004 ORTHOPEDIC CLINIC	0.000000	0	0	0	0
90.05 09005 EYE CENTER	1.790189	3,774	0	0	6,756
90.06 09006 WOUND CARE CLINIC	0.074560	260,139	0	0	19,396
90.07 09007 DENT CLINIC	0.000000	0	0	0	0
90.08 09008 O/P PHARMACY CLINIC	0.463333	301,244	0	0	139,576
90.09 09010 O/P DENTISTRY	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.168971	7,801,144	0	0	1,318,167
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	4,099,900	0	0	2,270,111
93.00 04040 FAMILY HEALTH CENTER	0.000000	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	97,342,479	157,956	158,001	18,553,474
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	97,342,479	157,956	158,001	18,553,474

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	259	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	44,094	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	17,628	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	76.01
76.02	03022 CMHC	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 A.R.C. CLINIC	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	90.04
90.05	09005 EYE CENTER	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	90.06
90.07	09007 DENT CLINIC	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	90.09
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
200.00	Subtotal (see instructions)	44,353	17,628	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	44,353	17,628	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 7:50 am	
		Component CCN: 14S182		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,950,703	184,801,355	0.010556	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	605,849	33,157,332	0.018272	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,111,686	90,213,748	0.012323	44,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	164,848	7,927,287	0.020795	1,035	56.00
56.01	05601	ULTRA SOUND	28,353	12,405,209	0.002286	7,306	56.01
57.00	05700	CT SCAN	96,822	48,618,278	0.001991	40,880	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	645,397	40,374,591	0.015985	0	59.00
60.00	06000	LABORATORY	91,926	96,440,015	0.000953	1,050,083	60.00
60.01	06001	BLOOD LABORATORY	10,396	9,632,790	0.001079	780	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	275,271	40,157,269	0.006855	108,676	65.00
66.00	06600	PHYSICAL THERAPY	1,102,288	19,456,926	0.056653	6,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	68.00
68.01	06801	CARDIOLOGY	4,013	989,143	0.004057	0	68.01
69.00	06900	ELECTROCARDIOLOGY	245,249	19,671,280	0.012467	30,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,753	1,874,227	0.001469	2,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,551	43,713,978	0.001980	797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	62,102	49,994,496	0.001242	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,030	155,978,694	0.000705	1,226,666	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	38,097	4,905,034	0.007767	8,559	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0.000000	0	76.01
76.02	03022	CMHC	0	0	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	89.00
90.00	09000	CLINIC	190,877	6,370,138	0.029964	0	90.00
90.01	09001	A. R. C. CLINIC	291,012	16,833,319	0.017288	0	90.01
90.02	09002	CANCER CTR CLINIC	662,801	4,973,234	0.133274	0	90.02
90.03	09003	UROLOGY CLINIC	2,498	1,016,557	0.002457	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	90.04
90.05	09005	EYE CENTER	2,035	119,522	0.017026	0	90.05
90.06	09006	WOUND CARE CLINIC	771	506,731	0.001522	0	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	75,410	645,590	0.116808	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0.000000	0	90.09
91.00	09100	EMERGENCY	1,087,130	94,555,453	0.011497	687,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,678,618	0.000000	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	97.00
200.00		Total (lines 50-199)	8,944,868	1,003,010,814		3,215,713	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140182 Component CCN: 14S182		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am		
				Title XVIII		Subprovider - IPF		
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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601	ULTRASOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	27,509	0	27,509	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801	CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	121,201	0	121,201	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022	CMHC	0	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	A. R. C. CLINIC	0	0	0	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003	UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005	EYE CENTER	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100	EMERGENCY	0	0	55,017	0	55,017	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00		Total (lines 50-199)	0	0	203,727	0	203,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14S182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	184,801,355	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	33,157,332	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	90,213,748	0.000000	0.000000	44,023	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,927,287	0.000000	0.000000	1,035	56.00
56.01	05601 ULTRA SOUND	0	12,405,209	0.000000	0.000000	7,306	56.01
57.00	05700 CT SCAN	0	48,618,278	0.000000	0.000000	40,880	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,509	40,374,591	0.000681	0.000681	0	59.00
60.00	06000 LABORATORY	0	96,440,015	0.000000	0.000000	1,050,083	60.00
60.01	06001 BLOOD LABORATORY	0	9,632,790	0.000000	0.000000	780	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	40,157,269	0.000000	0.000000	108,676	65.00
66.00	06600 PHYSICAL THERAPY	0	19,456,926	0.000000	0.000000	6,130	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
68.01	06801 RADIOLOGY	0	989,143	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	19,671,280	0.000000	0.000000	30,698	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,874,227	0.000000	0.000000	2,380	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,713,978	0.000000	0.000000	797	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	49,994,496	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	121,201	155,978,694	0.000777	0.000777	1,226,666	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 RENAL DIALYSIS	0	4,905,034	0.000000	0.000000	8,559	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	03022 CMHC	0	0	0.000000	0.000000	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,370,138	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	16,833,319	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	4,973,234	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	1,016,557	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	119,522	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	506,731	0.000000	0.000000	0	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	645,590	0.000000	0.000000	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	55,017	94,555,453	0.000582	0.000582	687,700	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,678,618	0.000000	0.000000	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	203,727	1,003,010,814			3,215,713	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
	Component CCN: 14S182	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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
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
68.01	06801 CARDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	953	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	76.01
76.02	03022 CMHC	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	90.09
91.00	09100 EMERGENCY	400	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	1,353	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 7:50 am		
		Component CCN: 14T182		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,950,703	184,801,355	0.010556	16,976	179	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	605,849	33,157,332	0.018272	1,448	26	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,111,686	90,213,748	0.012323	139,626	1,721	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	164,848	7,927,287	0.020795	5,081	106	56.00
56.01	05601	ULTRA SOUND	28,353	12,405,209	0.002286	4,585	10	56.01
57.00	05700	CT SCAN	96,822	48,618,278	0.001991	50,335	100	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	645,397	40,374,591	0.015985	0	0	59.00
60.00	06000	LABORATORY	91,926	96,440,015	0.000953	296,204	282	60.00
60.01	06001	BLOOD LABORATORY	10,396	9,632,790	0.001079	29,609	32	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	275,271	40,157,269	0.006855	242,789	1,664	65.00
66.00	06600	PHYSICAL THERAPY	1,102,288	19,456,926	0.056653	3,040,402	172,248	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
68.01	06801	CARDIOLOGY	4,013	989,143	0.004057	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	245,249	19,671,280	0.012467	26,376	329	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,753	1,874,227	0.001469	2,499	4	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	86,551	43,713,978	0.001980	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	62,102	49,994,496	0.001242	142,628	177	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,030	155,978,694	0.000705	1,589,478	1,121	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	RENAL DIALYSIS	38,097	4,905,034	0.007767	306,670	2,382	76.00
76.01	03021	METABOLIC SUPPORT	0	0	0.000000	0	0	76.01
76.02	03022	CMHC	0	0	0.000000	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	190,877	6,370,138	0.029964	0	0	90.00
90.01	09001	A. R. C. CLINIC	291,012	16,833,319	0.017288	0	0	90.01
90.02	09002	CANCER CTR CLINIC	662,801	4,973,234	0.133274	0	0	90.02
90.03	09003	UROLOGY CLINIC	2,498	1,016,557	0.002457	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0	0	0.000000	0	0	90.04
90.05	09005	EYE CENTER	2,035	119,522	0.017026	0	0	90.05
90.06	09006	WOUND CARE CLINIC	771	506,731	0.001522	0	0	90.06
90.07	09007	EENT CLINIC	0	0	0.000000	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	75,410	645,590	0.116808	0	0	90.08
90.09	09010	O/P DENTISTRY	0	0	0.000000	0	0	90.09
91.00	09100	EMERGENCY	1,087,130	94,555,453	0.011497	4,406	51	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	17,678,618	0.000000	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0	0	0.000000	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
200.00		Total (lines 50-199)	8,944,868	1,003,010,814		5,899,112	180,432	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	05601 ULTRASOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	27,509	0	27,509	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 CARDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	121,201	0	121,201	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	0	0	76.01
76.02	03022 CMHC	0	0	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 A.R.C. CLINIC	0	0	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	0	0	90.09
91.00	09100 EMERGENCY	0	0	55,017	0	55,017	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
200.00	Total (lines 50-199)	0	0	203,727	0	203,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	184,801,355	0.000000	0.000000	16,976	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	33,157,332	0.000000	0.000000	1,448	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	90,213,748	0.000000	0.000000	139,626	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,927,287	0.000000	0.000000	5,081	56.00
56.01	05601 ULTRA SOUND	0	12,405,209	0.000000	0.000000	4,585	56.01
57.00	05700 CT SCAN	0	48,618,278	0.000000	0.000000	50,335	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	27,509	40,374,591	0.000681	0.000681	0	59.00
60.00	06000 LABORATORY	0	96,440,015	0.000000	0.000000	296,204	60.00
60.01	06001 BLOOD LABORATORY	0	9,632,790	0.000000	0.000000	29,609	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	40,157,269	0.000000	0.000000	242,789	65.00
66.00	06600 PHYSICAL THERAPY	0	19,456,926	0.000000	0.000000	3,040,402	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
68.01	06801 CARDIOLOGY	0	989,143	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	19,671,280	0.000000	0.000000	26,376	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,874,227	0.000000	0.000000	2,499	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,713,978	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	49,994,496	0.000000	0.000000	142,628	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	121,201	155,978,694	0.000777	0.000777	1,589,478	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 RENAL DIALYSIS	0	4,905,034	0.000000	0.000000	306,670	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0.000000	0.000000	0	76.01
76.02	03022 CMHC	0	0	0.000000	0.000000	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	6,370,138	0.000000	0.000000	0	90.00
90.01	09001 A. R. C. CLINIC	0	16,833,319	0.000000	0.000000	0	90.01
90.02	09002 CANCER CTR CLINIC	0	4,973,234	0.000000	0.000000	0	90.02
90.03	09003 UROLOGY CLINIC	0	1,016,557	0.000000	0.000000	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0.000000	0.000000	0	90.04
90.05	09005 EYE CENTER	0	119,522	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CLINIC	0	506,731	0.000000	0.000000	0	90.06
90.07	09007 EENT CLINIC	0	0	0.000000	0.000000	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	645,590	0.000000	0.000000	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0.000000	0.000000	0	90.09
91.00	09100 EMERGENCY	55,017	94,555,453	0.000582	0.000582	4,406	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	17,678,618	0.000000	0.000000	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0.000000	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
200.00	Total (lines 50-199)	203,727	1,003,010,814			5,899,112	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140182 Component CCN: 14T182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 7:50 am
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	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.01	05601 ULTRA SOUND	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
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
68.01	06801 CARDIOLOGY	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,235	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 RENAL DIALYSIS	0	0	0	76.00
76.01	03021 METABOLIC SUPPORT	0	0	0	76.01
76.02	03022 CMHC	0	0	0	76.02
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 A. R. C. CLINIC	0	0	0	90.01
90.02	09002 CANCER CTR CLINIC	0	0	0	90.02
90.03	09003 UROLOGY CLINIC	0	0	0	90.03
90.04	09004 ORTHOPEDIC CLINIC	0	0	0	90.04
90.05	09005 EYE CENTER	0	0	0	90.05
90.06	09006 WOUND CARE CLINIC	0	0	0	90.06
90.07	09007 EENT CLINIC	0	0	0	90.07
90.08	09008 O/P PHARMACY CLINIC	0	0	0	90.08
90.09	09010 O/P DENTISTRY	0	0	0	90.09
91.00	09100 EMERGENCY	3	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040 FAMILY HEALTH CENTER	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
200.00	Total (lines 50-199)	1,238	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 7:50 am
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Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
						1.00	2.00	3.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.152049	0	14,005,394	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090821	0	2,463,802	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	0	6,290,377	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.297548	0	472,055	0	0	56.00
56.01	05601	ULTRA SOUND	0.120698	0	1,568,358	0	0	56.01
57.00	05700	CT SCAN	0.051698	0	3,936,877	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	0	725,777	0	0	59.00
60.00	06000	LABORATORY	0.112227	0	6,020,265	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.139925	0	285,164	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	0	667,636	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.355346	0	3,112,237	0	0	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
68.01	06801	CARDIOLOGY	0.513831	0	309	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	0	1,331,024	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	0	93,301	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	0	1,625,626	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	0	1,584,512	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	0	7,096,494	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020	RENAL DIALYSIS	0.184640	0	75,296	0	0	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	0	0	0	76.01
76.02	03022	CMHC	0.000000	0	0	0	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000	CLINIC	0.157913	0	15,578	0	0	90.00
90.01	09001	A.R.C. CLINIC	0.156005	0	8,038,992	0	0	90.01
90.02	09002	CANCER CTR CLINIC	0.788862	0	516,768	0	0	90.02
90.03	09003	UROLOGY CLINIC	0.276009	0	61,568	0	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0	0	0	90.04
90.05	09005	EYE CENTER	1.790189	0	0	0	0	90.05
90.06	09006	WOUND CARE CLINIC	0.074560	0	45,192	0	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	0	0	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	0	90,117	0	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	0	0	0	90.09
91.00	09100	EMERGENCY	0.168971	0	12,904,353	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	0	2,974,254	0	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0	0	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
200.00		Subtotal (see instructions)		0	76,001,326	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	76,001,326	0	0	202.00



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 7:50 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	2,129,506	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	223,765	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,063,621	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	140,459	0		56.00
56.01 05601 ULTRA SOUND	189,298	0		56.01
57.00 05700 CT SCAN	203,529	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	83,521	0		59.00
60.00 06000 LABORATORY	675,636	0		60.00
60.01 06001 BLOOD LABORATORY	39,902	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	92,419	0		65.00
66.00 06600 PHYSICAL THERAPY	1,105,921	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 CARDIOLOGY	159	0		68.01
69.00 06900 ELECTROCARDIOLOGY	178,762	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10,493	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	857,903	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	448,875	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	791,727	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 RENAL DIALYSIS	13,903	0		76.00
76.01 03021 METABOLIC SUPPORT	0	0		76.01
76.02 03022 CMHC	0	0		76.02
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	2,460	0		90.00
90.01 09001 A.R.C. CLINIC	1,254,123	0		90.01
90.02 09002 CANCER CTR CLINIC	407,659	0		90.02
90.03 09003 UROLOGY CLINIC	16,993	0		90.03
90.04 09004 ORTHOPEDIC CLINIC	0	0		90.04
90.05 09005 EYE CENTER	0	0		90.05
90.06 09006 WOUND CARE CLINIC	3,370	0		90.06
90.07 09007 DENT CLINIC	0	0		90.07
90.08 09008 O/P PHARMACY CLINIC	41,754	0		90.08
90.09 09010 O/P DENTISTRY	0	0		90.09
91.00 09100 EMERGENCY	2,180,461	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,646,841	0		92.00
93.00 04040 FAMILY HEALTH CENTER	0	0		93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Subtotal (see instructions)	13,803,060	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	13,803,060	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 7:50 am
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,969	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,969	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)		33,059	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)		6,335	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		50,699,003	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		50,699,003	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		50,699,003	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,237.50	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,839,563	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,839,563	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/29/2014 7:50 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	30,061,183	14,194	2,117.88	3,228	6,836,517	43.00
44.00	CORONARY CARE UNIT	11,434,599	8,064	1,417.98	3,892	5,518,778	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					20,620,032	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					40,814,890	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,703,930	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					934,361	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,638,291	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,176,599	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)					7,910	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,237.50	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,788,625	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 7:50 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,598,462	50,699,003	0.090701	9,788,625	887,838	90.00
91.00	Nursing School cost	0	50,699,003	0.000000	9,788,625	0	91.00
92.00	Allied health cost	71,632	50,699,003	0.001413	9,788,625	13,831	92.00
93.00	All other Medical Education	0	50,699,003	0.000000	9,788,625	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S182		Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,178	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,178	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)		10,178	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)		3,535	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,391,145	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)		9,391,145	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,391,145	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		922.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,261,709	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)		3,261,709	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14S182				Date/Time Prepared: 5/29/2014 7:50 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					405,373		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,667,082		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					401,116		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,334		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					414,450		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,252,632		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140182 Component CCN: 14S182		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 7:50 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,154,912	9,391,145	0.122979	0	0	90.00
91.00	Nursing School cost	0	9,391,145	0.000000	0	0	91.00
92.00	Allied health cost	0	9,391,145	0.000000	0	0	92.00
93.00	All other Medical Education	0	9,391,145	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T182		Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,171	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,171	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)		5,171	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)		2,319	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,684,228	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)		4,684,228	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,684,228	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		905.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,100,713	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)		2,100,713	41.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140182		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T182				Date/Time Prepared: 5/29/2014 7:50 am	
		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,461,306		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,562,019		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					73,605		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					181,670		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					255,275		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,306,744		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140182 Component CCN: 14T182		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 7:50 am	
		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	164,117	4,684,228	0.035036	0	0	90.00
91.00	Nursing School cost	0	4,684,228	0.000000	0	0	91.00
92.00	Allied health cost	0	4,684,228	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,684,228	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 7:50 am	
Cost Center Description		Ratio of Cost To Charges	Hospital	PPS	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		14,976,033	30.00
31.00	03100	INTENSIVE CARE UNIT		16,091,728	31.00
32.00	03200	CORONARY CARE UNIT		14,034,841	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.152049	16,514,734	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090821	2,897,498	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	6,915,919	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.297548	687,073	56.00
56.01	05601	ULTRA SOUND	0.120698	431,611	56.01
57.00	05700	CT SCAN	0.051698	4,980,354	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	9,069,937	59.00
60.00	06000	LABORATORY	0.112227	14,910,739	60.00
60.01	06001	BLOOD LABORATORY	0.139925	2,190,139	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	7,497,016	65.00
66.00	06600	PHYSICAL THERAPY	0.355346	1,615,712	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.513831	43,213	68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	3,402,055	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	91,924	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	6,291,053	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	8,892,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	23,765,371	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.184640	2,507,760	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.157913	2,217	90.00
90.01	09001	A. R. C. CLINIC	0.156005	972	90.01
90.02	09002	CANCER CTR CLINIC	0.788862	19,155	90.02
90.03	09003	UROLOGY CLINIC	0.276009	6,330	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.790189	0	90.05
90.06	09006	WOUND CARE CLINIC	0.074560	1,201	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	1,218	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.168971	8,032,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	1,279,642	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		122,048,127	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)		122,048,127	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/29/2014 7:50 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		5,046,907	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.152049	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090821	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	44,023	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.297548	1,035	56.00
56.01	05601	ULTRA SOUND	0.120698	7,306	56.01
57.00	05700	CT SCAN	0.051698	40,880	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	0	59.00
60.00	06000	LABORATORY	0.112227	1,050,083	60.00
60.01	06001	BLOOD LABORATORY	0.139925	780	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	108,676	65.00
66.00	06600	PHYSICAL THERAPY	0.355346	6,130	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.513831	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	30,698	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	2,380	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	1,226,666	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.184640	8,559	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.157913	0	90.00
90.01	09001	A. R. C. CLINIC	0.156005	0	90.01
90.02	09002	CANCER CTR CLINIC	0.788862	0	90.02
90.03	09003	UROLOGY CLINIC	0.276009	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.790189	0	90.05
90.06	09006	WOUND CARE CLINIC	0.074560	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.168971	687,700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,215,713	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)		3,215,713	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/29/2014 7:50 am	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,431,780	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.152049	16,976	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090821	1,448	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	139,626	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.297548	5,081	56.00
56.01	05601	ULTRA SOUND	0.120698	4,585	56.01
57.00	05700	CT SCAN	0.051698	50,335	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	0	59.00
60.00	06000	LABORATORY	0.112227	296,204	60.00
60.01	06001	BLOOD LABORATORY	0.139925	29,609	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	242,789	65.00
66.00	06600	PHYSICAL THERAPY	0.355346	3,040,402	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.513831	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	26,376	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	2,499	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	142,628	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	1,589,478	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.184640	306,670	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.157913	0	90.00
90.01	09001	A. R. C. CLINIC	0.156005	0	90.01
90.02	09002	CANCER CTR CLINIC	0.788862	0	90.02
90.03	09003	UROLOGY CLINIC	0.276009	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.790189	0	90.05
90.06	09006	WOUND CARE CLINIC	0.074560	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.168971	4,406	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		5,899,112	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)		5,899,112	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 7:50 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		43,055,959	30.00
31.00	03100	INTENSIVE CARE UNIT		35,978,490	31.00
32.00	03200	CORONARY CARE UNIT		3,379,714	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		3,762,558	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.152049	7,263,173	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090821	2,661,116	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	3,879,148	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.297548	206,907	56.00
56.01	05601	ULTRA SOUND	0.120698	924,727	56.01
57.00	05700	CT SCAN	0.051698	2,304,855	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	2,168,239	59.00
60.00	06000	LABORATORY	0.112227	14,851,008	60.00
60.01	06001	BLOOD LABORATORY	0.139925	2,251,673	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	15,488,289	65.00
66.00	06600	PHYSICAL THERAPY	0.355346	644,812	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.513831	8,343	68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	1,436,091	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	71,271	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	3,148,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	4,602,525	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	22,992,891	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.184640	374,093	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.157913	0	90.00
90.01	09001	A. R. C. CLINIC	0.156005	405,124	90.01
90.02	09002	CANCER CTR CLINIC	0.788862	0	90.02
90.03	09003	UROLOGY CLINIC	0.276009	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.790189	0	90.05
90.06	09006	WOUND CARE CLINIC	0.074560	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.168971	4,168,898	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	546,466	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		90,398,554	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)		90,398,554	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S182		Date/Time Prepared: 5/29/2014 7:50 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		5,369,921	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.152049	324	49 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.090821	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	33,191	5,612 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.297548	6,173	1,837 56.00
56.01	05601	ULTRA SOUND	0.120698	8,227	993 56.01
57.00	05700	CT SCAN	0.051698	67,094	3,469 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	0	0 59.00
60.00	06000	LABORATORY	0.112227	1,312,251	147,270 60.00
60.01	06001	BLOOD LABORATORY	0.139925	543	76 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	154,403	21,374 65.00
66.00	06600	PHYSICAL THERAPY	0.355346	3,394	1,206 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
68.01	06801	CARDIOLOGY	0.513831	0	0 68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	36,795	4,942 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	2,510	282 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	433	229 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	1,259,635	140,532 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	RENAL DIALYSIS	0.184640	0	0 76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	0 76.01
76.02	03022	CMHC	0.000000	0	0 76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0 76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.157913	0	0 90.00
90.01	09001	A. R. C. CLINIC	0.156005	0	0 90.01
90.02	09002	CANCER CTR CLINIC	0.788862	0	0 90.02
90.03	09003	UROLOGY CLINIC	0.276009	0	0 90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	0 90.04
90.05	09005	EYE CENTER	1.790189	0	0 90.05
90.06	09006	WOUND CARE CLINIC	0.074560	0	0 90.06
90.07	09007	EENT CLINIC	0.000000	0	0 90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	0	0 90.08
90.09	09010	O/P DENTISTRY	0.000000	0	0 90.09
91.00	09100	EMERGENCY	0.168971	904,603	152,852 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	0	0 92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	0 93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00		Total (sum of lines 50-94 and 96-98)		3,789,576	480,723 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		3,789,576	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T182		Date/Time Prepared: 5/29/2014 7:50 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		791,548	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.152049	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.090821	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.169087	15,883	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.297548	0	56.00
56.01	05601	ULTRA SOUND	0.120698	827	56.01
57.00	05700	CT SCAN	0.051698	7,452	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.115078	40,144	59.00
60.00	06000	LABORATORY	0.112227	43,709	60.00
60.01	06001	BLOOD LABORATORY	0.139925	1,219	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.138427	20,131	65.00
66.00	06600	PHYSICAL THERAPY	0.355346	502,815	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
68.01	06801	CARDIOLOGY	0.513831	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.134304	6,728	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.112463	835	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527737	11,208	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.283289	16,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.111566	268,108	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	RENAL DIALYSIS	0.184640	0	76.00
76.01	03021	METABOLIC SUPPORT	0.000000	0	76.01
76.02	03022	CMHC	0.000000	0	76.02
76.97	07697	CARDIAC REHABILITATION	0.000000	0	76.97
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.157913	0	90.00
90.01	09001	A. R. C. CLINIC	0.156005	0	90.01
90.02	09002	CANCER CTR CLINIC	0.788862	0	90.02
90.03	09003	UROLOGY CLINIC	0.276009	0	90.03
90.04	09004	ORTHOPEDIC CLINIC	0.000000	0	90.04
90.05	09005	EYE CENTER	1.790189	0	90.05
90.06	09006	WOUND CARE CLINIC	0.074560	0	90.06
90.07	09007	EENT CLINIC	0.000000	0	90.07
90.08	09008	O/P PHARMACY CLINIC	0.463333	0	90.08
90.09	09010	O/P DENTISTRY	0.000000	0	90.09
91.00	09100	EMERGENCY	0.168971	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.553699	0	92.00
93.00	04040	FAMILY HEALTH CENTER	0.000000	0	93.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
200.00		Total (sum of lines 50-94 and 96-98)		935,138	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)		935,138	202.00



CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		19,750,843	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		5,484,824	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		1,360,815	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		7,183,806	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		253.65	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		222.34	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)		14.84	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.		-53.91	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)		153.59	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		163.71	10.00
11.00	FTE count for residents in dental and podiatric programs.		13.75	11.00
12.00	Current year allowable FTE (see instructions)		167.34	12.00
13.00	Total allowable FTE count for the prior year.		182.18	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.		174.48	14.00
15.00	Sum of lines 12 through 14 divided by 3.		174.67	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		174.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.688626	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.689841	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.688626	21.00
22.00	IME payment adjustment (see instructions)		10,345,346	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		10.12	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)		10,345,346	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		10.37	30.00
31.00	Percentage of Medicaid patient days (see instructions)		33.92	31.00
32.00	Sum of lines 30 and 31		44.29	32.00
33.00	Allowable disproportionate share percentage (see instructions)		25.76	33.00
34.00	Disproportionate share adjustment (see instructions)		5,441,040	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 7:50 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000672500	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			6,083,689	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			1,533,424	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		1,533,424		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		43,916,292		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)		43,916,292		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,061,288		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).		4,731,544		52.00
53.00	Nursing and Allied Health Managed Care payment		4,528		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).		32,375		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		30,319		58.00
59.00	Total (sum of amounts on lines 49 through 58)		51,776,346		59.00
60.00	Primary payer payments		11,362		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		51,764,984		61.00
62.00	Deductibles billed to program beneficiaries		2,359,944		62.00
63.00	Coinurance billed to program beneficiaries		164,534		63.00
64.00	Allowable bad debts (see instructions)		1,625,936		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		1,056,858		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		828,293		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		50,297,364		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)			59,826	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-239,764	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: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 7:50 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		50,117,426		71.00
71.01	Sequestration adjustment (see instructions)		756,773		71.01
72.00	Interim payments		48,433,416		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		927,237		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		3,611,489		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 7:50 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		61,981	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		18,530,250	2.00
3.00	PPS payments		16,207,067	3.00
4.00	Outlier payment (see instructions)		118,365	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.859	5.00
6.00	Line 2 times line 5		15,917,485	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		23,224	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		61,981	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		315,957	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)		315,957	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		315,957	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		253,976	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)		61,981	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		16,348,656	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,592,638	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)		12,817,999	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,833,434	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,651,433	30.00
31.00	Primary payer payments		5,433	31.00
32.00	Subtotal (line 30 minus line 31)		14,646,000	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,336,376	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		868,644	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		875,835	36.00
37.00	Subtotal (see instructions)		15,514,644	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)		15,514,644	40.00
40.01	Sequestration adjustment (see instructions)		234,271	40.01
41.00	Interim payments		14,831,020	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		449,353	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 7:50 am
		Component CCN: 14S182	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 7:50 am
		Component CCN: 14T182	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		0	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)		0	40.00
40.01	Sequestration adjustment (see instructions)		0	40.01
41.00	Interim payments		0	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		49,347,757		14,798,147	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	07/16/2013	80,373	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	12/30/2013	500,231	12/30/2013	47,500	3.50
3.51		07/16/2013	414,110		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)		-914,341		32,873	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)		48,433,416		14,831,020	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		927,237		449,353	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		49,360,653		15,280,373	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: 140182  
Component CCN: 14S182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am  
PPS

Title XVIII

Subprovider -  
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		2,555,260			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	07/16/2013	10,288			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)		10,288			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)		2,565,548			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		143,589			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		2,709,137			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140182  
Component CCN: 14T182

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/29/2014 7:50 am  
PPS

Title XVIII

Subprovider -  
IRF

		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					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		3,022,336			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)					0 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	07/16/2013	2,764			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)		-2,764			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)		3,019,572			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		41,055			0 6.02
7.00	Total Medicare program liability (see instructions)		2,978,517			0 7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			14,145 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			13,455 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			3,457 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			55,317 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,267,825,973 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			42,305,426 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)			727,364 8.00
9.00	Sequestration adjustment amount (see instructions)			14,547 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			712,817 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			741,662 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)			-28,845 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/29/2014 7:50 am
		Component CCN: 14S182	Title XVIII	Subprovider - IPF
		PPS		
		1.00		
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		2,868,309	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)		1.00	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.)		1.50	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)		1.00	8.00
9.00	Average Daily Census (see instructions)		27.884932	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$ .		0.018311	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		52,522	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		2,920,831	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)		2,920,831	16.00
17.00	Primary payer payments		5,677	17.00
18.00	Subtotal (line 16 less line 17).		2,915,154	18.00
19.00	Deductibles		210,696	19.00
20.00	Subtotal (line 18 minus line 19)		2,704,458	20.00
21.00	Coinsurance		91,464	21.00
22.00	Subtotal (line 20 minus line 21)		2,612,994	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		209,731	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		136,325	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		165,646	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,749,319	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)		1,353	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)		2,750,672	31.00
31.01	Sequestration adjustment (see instructions)		41,535	31.01
32.00	Interim payments		2,565,548	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		143,589	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/29/2014 7:50 am	
		Component CCN: 14T182			
		Title XVIII	Subprovider - IRF	PPS	
			Prior to 10/01	On/After 10/01	
			1.00	1.01	
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>					
1.00	Net Federal PPS Payment (see instructions)		1,947,540	629,203	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0654		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		136,133	30,013	3.00
4.00	Outlier Payments		318,801		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)		0.93		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)		14.167123		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)		3,061,690		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)		3,061,690		17.00
18.00	Primary payer payments		0		18.00
19.00	Subtotal (line 17 less line 18).		3,061,690		19.00
20.00	Deductibles		23,652		20.00
21.00	Subtotal (line 19 minus line 20)		3,038,038		21.00
22.00	Coinsurance		22,496		22.00
23.00	Subtotal (line 21 minus line 22)		3,015,542		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		11,388		24.00
25.00	Adjusted reimbursable bad debts (see instructions)		7,402		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,596		26.00
27.00	Subtotal (sum of lines 23 and 25)		3,022,944		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)		1,238		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)		3,024,182		32.00
32.01	Sequestration adjustment (see instructions)		45,665		32.01
33.00	Interim payments		3,019,572		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		-41,055		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		101,522		36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
50.00	Original outlier amount from Worksheet E-3, Part III, line 4		318,801		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0		51.00
52.00	The rate used to calculate the Time Value of Money		0.00		52.00
53.00	Time Value of Money (see instructions)		0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 7:50 am	
		Title XVII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			217.60	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			11.62	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-54.70	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			151.28	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			166.76	6.00
7.00	Enter the lesser of line 5 or line 6			151.28	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	79.86	77.90	157.76	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	72.45	70.67	143.12	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		13.75		10.00
11.00	Total weighted FTE count	72.45	84.42		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	86.46	89.74		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	91.08	66.97		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	83.33	80.38		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	83.33	80.38		17.00
18.00	Per resident amount	127,866.53	121,139.58		18.00
19.00	Approved amount for resident costs	10,655,118	9,737,199	20,392,317	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			15.48	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			20,392,317	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	19,309	4,007		26.00
27.00	Total Inpatient Days (see instructions)	70,666	70,666		27.00
28.00	Ratio of inpatient days to total inpatient days	0.273243	0.056703		28.00
29.00	Program direct GME amount	5,572,058	1,156,306		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		163,386		30.00
31.00	Net Program direct GME amount			6,564,978	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			0 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)			48,043,991 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			17,039 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			48,026,952 41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)			18,615,455 42.00
43.00	Primary payer payments (see instructions)			5,433 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			18,610,022 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			66,636,974 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.720725 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.279275 47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)			6,564,978 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			4,731,544 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)			1,833,434 50.00

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

Provider CCN: 140182

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

Worksheet G

Date/Time Prepared:  
5/29/2014 7:50 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	32,983,000	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	63,993,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	20,271,000	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	20,019,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	137,266,000	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	41,430,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	185,340,000	0	0	0	15.00
16.00	Accumulated depreciation	-112,654,000	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	64,322,000	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	178,438,000	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	51,990,000	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	92,559,000	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	144,549,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	460,253,000	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	27,725,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	30,204,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	30,547,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	33,491,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	121,967,000	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	4,748,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	4,748,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	126,715,000	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	333,538,000				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)	333,538,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	460,253,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140182

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

Worksheet G-1

Date/Time Prepared:  
5/29/2014 7:50 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		268,426,018		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		65,111,982			2.00
3.00	Total (sum of line 1 and line 2)		333,538,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		333,538,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		333,538,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	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	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00



STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140182

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/29/2014 7:50 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	119,168,435		119,168,435	1.00
2.00	SUBPROVIDER - IPF	14,435,497		14,435,497	2.00
3.00	SUBPROVIDER - IRF	10,415,278		10,415,278	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	144,019,210		144,019,210	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	87,989,115		87,989,115	11.00
12.00	CORONARY CARE UNIT	32,806,834		32,806,834	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	120,795,949		120,795,949	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	264,815,159		264,815,159	17.00
18.00	Ancillary services	462,030,495	541,055,346	1,003,085,841	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE				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)	726,845,654	541,055,346	1,267,901,000	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		341,566,018		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)		341,566,018		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140182

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

Worksheet G-3

Date/Time Prepared:  
5/29/2014 7:50 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,267,901,000	1.00
2.00	Less contractual allowances and discounts on patients' accounts	876,925,000	2.00
3.00	Net patient revenues (line 1 minus line 2)	390,976,000	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	341,566,018	4.00
5.00	Net income from service to patients (line 3 minus line 4)	49,409,982	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	15,702,000	24.00
25.00	Total other income (sum of lines 6-24)	15,702,000	25.00
26.00	Total (line 5 plus line 25)	65,111,982	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)	65,111,982	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140182	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 7:50 am
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,008,973	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		91,624	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)		151.55	3.00
4.00	Number of interns & residents (see instructions)		174.67	4.00
5.00	Indirect medical education percentage (see instructions)		38.44	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		772,249	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		10.37	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		33.92	8.00
9.00	Sum of lines 7 and 8		44.29	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.38	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		188,442	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		3,061,288	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00