

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: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 5:38 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014 Time: 5:38 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (140185) 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)

VICE PRESIDENT-FINANCE
Title _____

Date _____

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-76,571	336,396	2,192,639	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	35,719	-402	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-40,852	335,994	2,192,639	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: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:23 pm
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1.00	2.00	3.00	4.00
Hospital and Hospital Health Care Complex Address:			
1.00	Street: 4500 MEMORIAL DRIVE	PO Box:	1.00
2.00	City: BELLEVILLE	State: IL	2.00
		Zip Code: 62226	
		County: SAINT CLAIR	

	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	9.00		
Hospital and Hospital -Based Component Identification:										
3.00	Hospital	MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF	MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N	9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA	MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N	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)	2		21.00

Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	N	Y	22.01
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	10,400	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:23 pm		
		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)	N			39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	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

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	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)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:23 pm		
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00	
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))
		1.00	2.00	3.00	4.00	5.00
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000
				1.00	2.00	3.00
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N	Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N	N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N	N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.			0.00	0.00	95.00

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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	
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00	
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2			118.00	
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	2,500,000	30,000	0		118.01
		1.00	2.00			
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N			118.02	
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N		120.00	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y			121.00	
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N			125.00	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00

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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		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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				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	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
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	
		Name	County	State	Zip Code
		0	1.00	2.00	3.00
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	
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)			0.75	
				1.00	
				2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:23 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2014	N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:23 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				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
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	VALORIE		COMLEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-257-5613		VCOMLEY@MEMHOSP.COM	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/31/2014		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REVENUE CYCLE DIRECTOR		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HFS Supplemental Information		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part IX Date/Time Prepared: 5/28/2014 4:23 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	296	108,040	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)		296	108,040	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		316	115,340	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	108	39,420		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		424				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	29,767	7,722	59,981			1.00
2.00 HMO and other (see instructions)	6,921	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	29,767	7,722	59,981			7.00
8.00 INTENSIVE CARE UNIT	2,653	377	4,805			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		2,029	3,667			13.00
14.00 Total (see instructions)	32,420	10,128	68,453	0.00	1,714.26	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	15,359	0	21,694	0.00	120.80	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	7,216	0	13,067	0.00	23.47	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	1,858.53	27.00
28.00 Observation Bed Days		0	0			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	272	489			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: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

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	6,468	2,144	15,371	1.00
2.00 HMO and other (see instructions)			1,441			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	6,468	2,144	15,371	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE	0.00				0	21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	98,903,648	-674,319	98,229,329	3,952,858.00	24.85
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	3,344,813	-39,902	3,304,911	142,445.00	23.20
10.00	Excluded area salaries (see instructions)		1,935,552	-13,537	1,922,015	69,394.00	27.70
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		284,240	0	284,240	4,123.00	68.94
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,267,134	0	1,267,134	9,514.00	133.19
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		39,767,537	0	39,767,537		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,810,717	-21,645	1,789,072		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	1,320,501	10,298	1,330,799	42,983.00	30.96
27.00	Administrative & General	5.00	9,766,368	-311,669	9,454,699	421,460.00	22.43
28.00	Administrative & General under contract (see inst.)		861,529	0	861,529	3,424.00	251.61
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,939,686	-8,033	1,931,653	105,031.00	18.39
31.00	Laundry & Linen Service	8.00	311,887	0	311,887	27,122.00	11.50
32.00	Housekeeping	9.00	1,871,123	0	1,871,123	163,465.00	11.45
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,495,221	-321,693	1,173,528	118,975.00	9.86
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	687,533	502,454	1,189,987	57,906.00	20.55
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,809,575	-1,611,054	4,198,521	105,177.00	39.92
39.00	Central Services and Supply	14.00	579,127	0	579,127	42,286.00	13.70
40.00	Pharmacy	15.00	3,309,188	0	3,309,188	84,048.00	39.37
41.00	Medical Records & Medical Records Library	16.00	2,051,114	-43,927	2,007,187	106,980.00	18.76

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	649,819	0	649,819	25,261.00	25.72	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: 140185

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2014 4:23 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	99,765,177	-674,319	99,090,858	3,956,282.00	25.05	1.00
2.00	Excluded area salaries (see instructions)	5,280,365	-53,439	5,226,926	211,839.00	24.67	2.00
3.00	Subtotal salaries (line 1 minus line 2)	94,484,812	-620,880	93,863,932	3,744,443.00	25.07	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,551,374	0	1,551,374	13,637.00	113.76	4.00
5.00	Subtotal wage-related costs (see inst.)	39,767,537	0	39,767,537	0.00	42.37	5.00
6.00	Total (sum of lines 3 thru 5)	135,803,723	-620,880	135,182,843	3,758,080.00	35.97	6.00
7.00	Total overhead cost (see instructions)	30,652,671	-1,783,624	28,869,047	1,304,118.00	22.14	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 4:23 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		3,387,475	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		10,400	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		24,985,847	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		223,688	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)		305,456	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		2,349,702	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		5,853,265	17.00
18.00	Medicare Taxes - Employers Portion Only		1,423,386	18.00
19.00	Unemployment Insurance		270,500	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		958,218	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		39,767,937	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140185

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2014 4:23 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140185 Component CCN: 147443		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/28/2014 4:23 pm		
				Home Health Agency I		PPS		
				1.00				
0.00	County	ST. CLAIR, ILLINOIS				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	159	0	98	257	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	585.00	0.00	359.00	944.00	2.00	
		Number of Employees (Full Time Equivalent)						
		Enter the number of hours in your normal work week			Staff	Contract	Total	
		0			1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES								
3.00	Administrator and Assistant Administrator(s)	40.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel				7.04	0.00	7.04	5.00
6.00	Direct Nursing Service				10.40	0.00	10.40	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				5.71	0.00	5.71	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				0.01	0.00	0.01	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.02	0.00	0.02	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.09	0.00	0.09	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				0.12	0.00	0.12	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	41180						20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	3,507	0	264	108	3,879	21.00	
22.00	Skilled Nursing Visit Charges	1,062,398	0	71,928	32,724	1,167,050	22.00	
23.00	Physical Therapy Visits	2,778	0	47	98	2,923	23.00	
24.00	Physical Therapy Visit Charges	973,221	0	13,414	33,182	1,019,817	24.00	
25.00	Occupational Therapy Visits	278	0	1	9	288	25.00	
26.00	Occupational Therapy Visit Charges	98,968	0	356	3,204	102,528	26.00	
27.00	Speech Pathology Visits	1	0	0	0	1	27.00	
28.00	Speech Pathology Visit Charges	383	0	0	0	383	28.00	
29.00	Medical Social Service Visits	21	0	1	2	24	29.00	
30.00	Medical Social Service Visit Charges	10,899	0	519	1,038	12,456	30.00	
31.00	Home Health Aide Visits	100	0	1	0	101	31.00	
32.00	Home Health Aide Visit Charges	14,016	0	146	0	14,162	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,685	0	314	217	7,216	33.00	
34.00	Other Charges	17,711	0	1,764	236	19,711	34.00	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,177,596	0	88,127	70,384	2,336,107	35.00	
36.00	Total Number of Episodes (standard/non outlier)	573		101	24	698	36.00	
37.00	Total Number of Outlier Episodes		0		0	0	37.00	
38.00	Total Non-Routine Medical Supply Charges	17,711	0	1,764	236	19,711	38.00	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/28/2014 4:23 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	0	0	0 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	14	0	14 6.00
7.00		RHX	14	0	14 7.00
8.00		RHL	55	0	55 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	38	0	38 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	536	0	536 12.00
13.00		RUB	987	0	987 13.00
14.00		RUA	252	0	252 14.00
15.00		RVC	2,162	0	2,162 15.00
16.00		RVB	4,306	0	4,306 16.00
17.00		RVA	2,297	0	2,297 17.00
18.00		RHC	655	0	655 18.00
19.00		RHB	1,589	0	1,589 19.00
20.00		RHA	761	0	761 20.00
21.00		RMC	191	0	191 21.00
22.00		RMB	355	0	355 22.00
23.00		RMA	252	0	252 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	7	0	7 27.00
28.00		ES1	6	0	6 28.00
29.00		HE2	19	0	19 29.00
30.00		HE1	19	0	19 30.00
31.00		HD2	43	0	43 31.00
32.00		HD1	19	0	19 32.00
33.00		HC2	70	0	70 33.00
34.00		HC1	60	0	60 34.00
35.00		HB2	23	0	23 35.00
36.00		HB1	294	0	294 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	10	0	10 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	5	0	5 42.00
43.00		LB2	0	0	0 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	4	0	4 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	10	0	10 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	17	0	17 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	54	0	54 52.00
53.00		CA2	30	0	30 53.00
54.00		CA1	151	0	151 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/28/2014 4:23 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	3	0	3	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	6	0	6	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	4	0	4	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	41	0	41	199.00
200.00	TOTAL		15,359	0	15,359	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180		201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		2,713,876	47.13	Y	202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		2,466	0.04	Y	205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		5,758,827			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 4:23 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.229087		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		15,832,731		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		123,237,854		6.00	
7.00	Medicaid cost (line 1 times line 6)		28,232,190		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)		12,399,459		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		12,399,459		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		11,011,024	3,125,740	14,136,764	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,522,482	716,066	3,238,548	21.00
22.00	Partial payment by patients approved for charity care		5,393	49,657	55,050	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,517,089	666,409	3,183,498	23.00
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N			24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit				0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		15,377,832			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,791,000			27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		13,586,832			28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		3,112,567			29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		6,296,065			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		18,695,524			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,726,453	3,726,453	2,375,387	6,101,840	1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT CC		302,749	302,749	277,732	580,481	1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		11,771,393	11,771,393	839,133	12,610,526	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	1,320,501	40,248,095	41,568,596	21,414	41,590,010	4.00
5.01 00510 COMMUNICATIONS	235,228	246,096	481,324	0	481,324	5.01
5.02 00511 DATA PROCESSING	1,908,327	2,831,071	4,739,398	4,041	4,743,439	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	525,457	192,410	717,867	-51,201	666,666	5.03
5.04 00513 ADMINITING	2,395,416	2,536,677	4,932,093	-3,564,071	1,368,022	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	3,598,209	3,598,209	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	4,701,940	38,743,165	43,445,105	-2,438,620	41,006,485	5.06
7.00 00700 OPERATION OF PLANT	1,870,880	5,507,815	7,378,695	0	7,378,695	7.00
7.01 00701 OPERATION OF PLANT CC	68,806	139,209	208,015	0	208,015	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	311,887	566,352	878,239	0	878,239	8.00
9.00 00900 HOUSEKEEPING	1,747,797	306,352	2,054,149	0	2,054,149	9.00
9.01 00901 HOUSEKEEPING CC	123,326	15,054	138,380	0	138,380	9.01
10.00 01000 DIETARY	1,495,221	877,899	2,373,120	-257,447	2,115,673	10.00
11.00 01100 CAFETERIA	687,533	476,642	1,164,175	660,996	1,825,171	11.00
13.00 01300 NURSING ADMINISTRATION	5,809,575	1,147,936	6,957,511	-1,656,020	5,301,491	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	579,127	902,052	1,481,179	-809,434	671,745	14.00
15.00 01500 PHARMACY	3,309,188	9,344,320	12,653,508	-8,313,255	4,340,253	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,051,114	843,309	2,894,423	2,209	2,896,632	16.00
17.00 01700 SOCIAL SERVICE	649,819	109,983	759,802	0	759,802	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	22,965,632	1,358,004	24,323,636	160,173	24,483,809	30.00
31.00 03100 INTENSIVE CARE UNIT	3,472,382	1,390,446	4,862,828	-44,245	4,818,583	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	1,713,904	1,713,904	43.00
44.00 04400 SKILLED NURSING FACILITY	3,344,813	373,438	3,718,251	197,615	3,915,866	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	9,420,451	14,729,236	24,149,687	-12,397,562	11,752,125	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,225,161	744,177	2,969,338	-393,062	2,576,276	52.00
53.00 05300 ANESTHESIOLOGY	0	675,261	675,261	0	675,261	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,153,328	1,354,242	4,507,570	3,679	4,511,249	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00 05700 CT SCAN	416,287	821,531	1,237,818	0	1,237,818	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	279,341	322,507	601,848	0	601,848	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,023,340	4,126,891	5,150,231	-3,620,151	1,530,080	59.00
60.00 06000 LABORATORY	4,319,211	6,187,758	10,506,969	11,792	10,518,761	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	2,111,122	445,616	2,556,738	0	2,556,738	65.00
66.00 06600 PHYSICAL THERAPY	4,296,230	250,806	4,547,036	-125,525	4,421,511	66.00
67.00 06700 OCCUPATIONAL THERAPY	713,181	12,506	725,687	87,323	813,010	67.00
68.00 06800 SPEECH PATHOLOGY	447,755	18,712	466,467	0	466,467	68.00
69.00 06900 ELECTROCARDIOLOGY	1,357,291	254,102	1,611,393	0	1,611,393	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	920,608	75,409	996,017	0	996,017	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,971,988	8,971,988	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,713,741	8,713,741	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	7,806,997	7,806,997	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
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	21,704	21,704	-21,704	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	DIABETIC EDUCATION OP	147,900	6,262	154,162	0	154,162	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	57,576	57,576	90.02
91.00	09100	EMERGENCY	6,395,697	2,874,460	9,270,157	-585,108	8,685,049	91.00
91.01	09101	PARAMEDICS	167,224	56,634	223,858	-223,858	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	505,192	505,192	0	505,192	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,588,885	110,175	1,699,060	0	1,699,060	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	822,955	822,955	-822,955	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	98,556,981	158,373,056	256,930,037	179,691	257,109,728	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	346,667	427,268	773,935	-403,549	370,386	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	0	223,858	223,858	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	98,903,648	158,800,324	257,703,972	0	257,703,972	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	3,860	6,105,700	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	580,481	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	12,610,526	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	41,590,010	4.00
5.01	00510	COMMUNICATIONS	-39,158	442,166	5.01
5.02	00511	DATA PROCESSING	0	4,743,439	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	666,666	5.03
5.04	00513	ADMINISTRATIVE	0	1,368,022	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	3,598,209	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-17,670,128	23,336,357	5.06
7.00	00700	OPERATION OF PLANT	0	7,378,695	7.00
7.01	00701	OPERATION OF PLANT CC	0	208,015	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	878,239	8.00
9.00	00900	HOUSEKEEPING	0	2,054,149	9.00
9.01	00901	HOUSEKEEPING CC	0	138,380	9.01
10.00	01000	DIETARY	-90,614	2,025,059	10.00
11.00	01100	CAFETERIA	-1,184,822	640,349	11.00
13.00	01300	NURSING ADMINISTRATION	-13,483	5,288,008	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	671,745	14.00
15.00	01500	PHARMACY	0	4,340,253	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-34,820	2,861,812	16.00
17.00	01700	SOCIAL SERVICE	0	759,802	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	24,483,809	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,818,583	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,713,904	43.00
44.00	04400	SKILLED NURSING FACILITY	-17,439	3,898,427	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-625,197	11,126,928	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,145	2,572,131	52.00
53.00	05300	ANESTHESIOLOGY	0	675,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-27,502	4,483,747	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
57.00	05700	CT SCAN	0	1,237,818	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	601,848	58.00
59.00	05900	CARDIAC CATHETERIZATION	-18,225	1,511,855	59.00
60.00	06000	LABORATORY	-116,530	10,402,231	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	-2,047	2,554,691	65.00
66.00	06600	PHYSICAL THERAPY	0	4,421,511	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	813,010	67.00
68.00	06800	SPEECH PATHOLOGY	0	466,467	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,611,393	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,413	991,604	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,971,988	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,713,741	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,806,997	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	154,162	90.01
90.02	09003	HEART FAILURE CLINIC	0	57,576	90.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
91.00	09100	EMERGENCY	-1,845,551	6,839,498	91.00
91.01	09101	PARAMEDICS	0	0	91.01
91.02	09102	OP TELEMTRY	0	0	91.02
91.03	09103	OP PSYCH	0	505,192	91.03
91.04	09104	ICU OTHER	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,699,060	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,690,214	235,419,514	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-370,386	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSIATRY	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950	FOUNDATION	0	0	194.01
194.02	07951	EMT PROGRAM	0	223,858	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-22,060,600	235,643,372	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140185

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
1.01 NEW CAP REL COSTS-BLDG & FIXT CC	00101		1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.01 COMMUNICATIONS	00510		5.01
5.02 DATA PROCESSING	00511		5.02
5.03 PURCHASING, RECEIVING AND STORES	00512		5.03
5.04 ADMITTING	00513		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00 OPERATION OF PLANT	00700		7.00
7.01 OPERATION OF PLANT CC	00701		7.01
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
9.01 HOUSEKEEPING CC	00901		9.01
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - I RF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
55.01 HYPERBARIC MEDICINE	05501		55.01
56.00 RADIOISOTOPE	05600		56.00
56.02 MISC NURSING OP	05602		56.02
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
75.00 ASC (NON-DISTINCT PART)	07500		75.00
76.00 OTHER ANCILLARY	03020		76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140185

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

Worksheet Non-CMS W
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
90.01 DIABETIC EDUCATION OP	09001		90.01
90.02 HEART FAILURE CLINIC	09003		90.02
91.00 EMERGENCY	09100		91.00
91.01 PARAMEDICS	09101		91.01
91.02 OP TELEMETRY	09102		91.02
91.03 OP PSYCH	09103		91.03
91.04 ICU OTHER	09104		91.04
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 HOME PROGRAM DIALYSIS	09400		94.00
95.00 AMBULANCE SERVICES	09500		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00 OTHER REIMBURSABLE	05950		98.00
99.00 CMHC	09900		99.00
99.10 CORF	09910		99.10
100.00 I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
105.00 KIDNEY ACQUISITION	10500		105.00
106.00 HEART ACQUISITION	10600		106.00
107.00 LIVER ACQUISITION	10700		107.00
108.00 LUNG ACQUISITION	10800		108.00
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
112.00 OTHER ORGAN ACQUISITION	08600		112.00
113.00 INTEREST EXPENSE	11300		113.00
114.00 UTILIZATION REVIEW-SNF	11400		114.00
115.00 AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00 HOSPICE	11600		116.00
117.00 OTHER SPECIAL PURPOSE	06950		117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00 RESEARCH	19100		191.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01 PHYSIATRY	19201		192.01
193.00 NONPAID WORKERS	19300		193.00
194.00 SPORTS & HEALTH CENTER	07953		194.00
194.01 FOUNDATION	07950		194.01
194.02 EMT PROGRAM	07951		194.02
194.03 EMPLOYEE PHARMACY	07952		194.03
200.00 TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140185

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			
A - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	8,691,614	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
	TOTALS		0	8,691,614		
B - RECLASS DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,806,997	1.00	
	TOTALS		0	7,806,997		
C - RECLASS ADMISSION CENTER						
1.00	ADULTS & PEDIATRICS	30.00	848,759	32,490	1.00	
	TOTALS		848,759	32,490		
D - RECLASS DIETARY COST						
1.00	CAFETERIA	11.00	321,693	0	1.00	
2.00	DIETARY	10.00	0	64,246	2.00	
	TOTALS		321,693	64,246		
E - RECLASS PARAMEDIC TRNG						
1.00	EMT PROGRAM	194.02	167,224	56,634	1.00	
	TOTALS		167,224	56,634		
F - RECLASS EQUIPMENT RENTAL						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	740,802	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	740,802		
G - RECLASS EMP MEALS TO CAFETERIA						
1.00	CAFETERIA	11.00	180,761	222,788	1.00	
	TOTALS		180,761	222,788		
H - RECLASS MCC ACTIVITY THERAPY						
1.00	SKILLED NURSING FACILITY	44.00	54,422	6,430	1.00	
	TOTALS		54,422	6,430		
I - DEFAULT						
1.00	ADULTS & PEDIATRICS	30.00	707,873	6,046	1.00	
	TOTALS		707,873	6,046		
J - RECLASS MCC EXPENSES						
1.00	DATA PROCESSING	5.02	4,041	0	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,209	0	2.00	
3.00	ADMINISTRATIVE	5.04	34,138	0	3.00	
4.00	EMPLOYEE BENEFITS	4.00	10,298	0	4.00	
	TOTALS		50,686	0		
K - RECLASS BLDG RENTAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	44,435	1.00	
	TOTALS		0	44,435		
L - RECLASS BUILDING RENTAL SIHVI						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,691,489	1.00	
	TOTALS		0	1,691,489		
M - RECLASS IPA ASSESSMENT MCC						
1.00	SKILLED NURSING FACILITY	44.00	0	136,763	1.00	
	TOTALS		0	136,763		
N - RECLASS OFALLON EXPENSE						
1.00		0.00	0	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,679	2.00	
3.00	LABORATORY	60.00	0	11,792	3.00	
4.00	PHYSICAL THERAPY	66.00	0	6,233	4.00	
	TOTALS		0	21,704		
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	185,661	1.00	
2.00	OTHER CAPITAL RELATED COSTS	3.00	0	6,910	2.00	
	TOTALS		0	192,571		
P - RECLASS OUTSIDE AGENCY SALARY EXP						
1.00	DATA PROCESSING	5.02	0	296,714	1.00	
3.00	OPERATION OF PLANT	7.00	0	8,033	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	46,136	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	20,324	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	15,211	6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	94,324	7.00	

RECLASSIFICATIONS

Provider CCN: 140185

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	
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,273	8.00
10.00	EMERGENCY	91.00	0	247,432	10.00
11.00	PURCHASING, RECEIVING AND STORES	5.03	0	3,071	11.00
12.00	ADMINISTRATIVE	5.04	0	6,553	12.00
	TOTALS		0	739,071	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	1,400,641	313,263	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	79,799	2.00
	TOTALS		1,400,641	393,062	
R - RECLASS COST MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	280,374	1.00
	TOTALS		0	280,374	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	83,304	4,019	1.00
	TOTALS		83,304	4,019	
U - RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,713,741	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	8,713,741	
W - RECLASS PENSION PLAN AUDIT FEES					
1.00	EMPLOYEE BENEFITS	4.00	0	11,116	1.00
	TOTALS		0	11,116	
X - RECLASS HEART FAILURE CLINIC EXPENSE					
1.00	HEART FAILURE CLINIC	90.02	57,576	0	1.00
	TOTALS		57,576	0	
Y - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	550,248	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	272,707	2.00
	TOTALS		0	822,955	
Z - RECLASS PATIENT ACCTS EXPENSE					
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,180,827	2,417,382	1.00
	TOTALS		1,180,827	2,417,382	
AA - RECLASS COLLECTION FEES					
1.00	ADMINISTRATIVE	5.04	64,752	0	1.00
	TOTALS		64,752	0	
AB - RECLASS ER PHYSICIAN FEES					
1.00	EMERGENCY	91.00	0	18,045	1.00
	TOTALS		0	18,045	
500.00	Grand Total: Increases		5,118,518	33,114,774	500.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	733,288	0	1.00	
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	51,201	0	2.00	
3.00	OPERATING ROOM	50.00	0	4,421,535	0	3.00	
4.00	OPERATING ROOM	50.00	0	566,621	0	4.00	
5.00	EMERGENCY	91.00	0	603,153	0	5.00	
6.00	CARDIAC CATHETERIZATION	59.00	0	1,868,971	0	6.00	
7.00	OPERATING ROOM	50.00	0	446,845	0	7.00	
	TOTALS		0	8,691,614			
B - RECLASS DRUGS SOLD							
1.00	PHARMACY	15.00	0	7,806,997	0	1.00	
	TOTALS		0	7,806,997			
C - RECLASS ADMISSION CENTER							
1.00	NURSING ADMINISTRATION	13.00	848,759	32,490	0	1.00	
	TOTALS		848,759	32,490			
D - RECLASS DIETARY COST							
1.00	DIETARY	10.00	321,693	0	0	1.00	
2.00	CAFETERIA	11.00	0	64,246	0	2.00	
	TOTALS		321,693	64,246			
E - RECLASS PARAMEDIC TRNG							
1.00	PARAMEDICS	91.01	167,224	56,634	0	1.00	
	TOTALS		167,224	56,634			
F - RECLASS EQUIPMENT RENTAL							
1.00	PHARMACY	15.00	0	506,258	14	1.00	
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	76,146	0	2.00	
3.00	ADULTS & PEDIATRICS	30.00	0	114,153	0	3.00	
4.00	INTENSIVE CARE UNIT	31.00	0	44,245	0	4.00	
	TOTALS		0	740,802			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	180,761	222,788	0	1.00	
	TOTALS		180,761	222,788			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	NURSING ADMINISTRATION	13.00	54,422	6,430	0	1.00	
	TOTALS		54,422	6,430			
I - DEFAULT							
1.00	NURSING ADMINISTRATION	13.00	707,873	6,046	0	1.00	
	TOTALS		707,873	6,046			
J - RECLASS MCC EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,686	0	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		50,686	0			
K - RECLASS BLDG RENTAL							
1.00	PHYSICAL THERAPY	66.00	0	44,435	14	1.00	
	TOTALS		0	44,435			
L - RECLASS BUILDING RENTAL SIHVI							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,691,489	14	1.00	
	TOTALS		0	1,691,489			
M - RECLASS IPA ASSESSMENT MCC							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	136,763	0	1.00	
	TOTALS		0	136,763			
N - RECLASS OFALLON EXPENSE							
1.00	CLINIC	90.00	0	21,704	0	1.00	
2.00		0.00	0	0	0	2.00	
3.00		0.00	0	0	0	3.00	
4.00		0.00	0	0	0	4.00	
	TOTALS		0	21,704			
O - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	192,571	3	1.00	
2.00		0.00	0	0	3	2.00	
	TOTALS		0	192,571			
P - RECLASS OUTSIDE AGENCY SALARY EXP							
1.00	DATA PROCESSING	5.02	296,714	0	0	1.00	
3.00	OPERATION OF PLANT	7.00	8,033	0	0	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	46,136	0	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	20,324	0	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	15,211	0	0	6.00	

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
7.00	SKILLED NURSING FACILITY	44.00	94,324	0	0	7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,273	0	0	8.00
10.00	EMERGENCY	91.00	247,432	0	0	10.00
11.00	PURCHASING, RECEIVING AND STORES	5.03	3,071	0	0	11.00
12.00	ADMINISTRATIVE	5.04	6,553	0	0	12.00
	TOTALS		739,071	0	0	
Q - RECLASS NURSERY EXPENSE						
1.00	ADULTS & PEDIATRICS	30.00	1,400,641	0	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	0	393,062	0	2.00
	TOTALS		1,400,641	393,062	0	
R - RECLASS COST MEDICAL SUPPLIES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	280,374	0	1.00
	TOTALS		0	280,374	0	
S - RECLASS OT EXPENSE						
1.00	PHYSICAL THERAPY	66.00	83,304	4,019	0	1.00
	TOTALS		83,304	4,019	0	
U - RECLASS IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	6,962,561	0	1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	1,751,180	0	2.00
	TOTALS		0	8,713,741	0	
W - RECLASS PENSION PLAN AUDIT FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	11,116	0	1.00
	TOTALS		0	11,116	0	
X - RECLASS HEART FAILURE CLINIC EXPENSE						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	57,576	0	0	1.00
	TOTALS		57,576	0	0	
Y - RECLASS INTEREST EXPENSE						
1.00	INTEREST EXPENSE	113.00	0	822,955	14	1.00
2.00		0.00	0	0	14	2.00
	TOTALS		0	822,955	14	
Z - RECLASS PATIENT ACCTS EXPENSE						
1.00	ADMINISTRATIVE	5.04	1,180,827	2,417,382	0	1.00
	TOTALS		1,180,827	2,417,382	0	
AA - RECLASS COLLECTION FEES						
1.00	ADMINISTRATIVE	5.04	0	64,752	0	1.00
	TOTALS		0	64,752	0	
AB - RECLASS ER PHYSICIAN FEES						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	18,045	0	1.00
	TOTALS		0	18,045	0	
500.00	Grand Total: Decreases		5,792,837	32,440,455		500.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2014 4:23 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
2.00		0.00	0	PURCHASING, RECEIVING AND STORES	5.03	0
3.00		0.00	0	OPERATING ROOM	50.00	0
4.00		0.00	0	OPERATING ROOM	50.00	0
5.00		0.00	0	EMERGENCY	91.00	0
6.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
7.00		0.00	0	OPERATING ROOM	50.00	0
	TOTALS		0	TOTALS		0
B - RECLASS DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
	TOTALS		0	TOTALS		0
C - RECLASS ADMISSION CENTER						
1.00	ADULTS & PEDIATRICS	30.00	848,759	NURSING ADMINISTRATION	13.00	848,759
	TOTALS		848,759	TOTALS		848,759
D - RECLASS DIETARY COST						
1.00	CAFETERIA	11.00	321,693	DIETARY	10.00	321,693
2.00	DIETARY	10.00	0	CAFETERIA	11.00	0
	TOTALS		321,693	TOTALS		321,693
E - RECLASS PARAMEDIC TRNG						
1.00	EMT PROGRAM	194.02	167,224	PARAMEDICS	91.01	167,224
	TOTALS		167,224	TOTALS		167,224
F - RECLASS EQUIPMENT RENTAL						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	PHARMACY	15.00	0
2.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
4.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
	TOTALS		0	TOTALS		0
G - RECLASS EMP MEALS TO CAFETERIA						
1.00	CAFETERIA	11.00	180,761	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	180,761
	TOTALS		180,761	TOTALS		180,761
H - RECLASS MCC ACTIVITY THERAPY						
1.00	SKILLED NURSING FACILITY	44.00	54,422	NURSING ADMINISTRATION	13.00	54,422
	TOTALS		54,422	TOTALS		54,422
I - DEFAULT						
1.00	ADULTS & PEDIATRICS	30.00	707,873	NURSING ADMINISTRATION	13.00	707,873
	TOTALS		707,873	TOTALS		707,873
J - RECLASS MCC EXPENSES						
1.00	DATA PROCESSING	5.02	4,041	OTHER ADMINISTRATIVE AND GENERAL	5.06	50,686
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,209		0.00	0
3.00	ADMINISTRATIVE	5.04	34,138		0.00	0
4.00	EMPLOYEE BENEFITS	4.00	10,298		0.00	0
	TOTALS		50,686	TOTALS		50,686
K - RECLASS BLDG RENTAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	PHYSICAL THERAPY	66.00	0
	TOTALS		0	TOTALS		0
L - RECLASS BUILDING RENTAL SIHVI						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
M - RECLASS IPA ASSESSMENT MCC						
1.00	SKILLED NURSING FACILITY	44.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
N - RECLASS OFALLON EXPENSE						
1.00		0.00	0	CLINIC	90.00	0
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0
3.00	LABORATORY	60.00	0		0.00	0
4.00	PHYSICAL THERAPY	66.00	0		0.00	0
	TOTALS		0	TOTALS		0
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
2.00	OTHER CAPITAL RELATED COSTS	3.00	0		0.00	0
	TOTALS		0	TOTALS		0

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/28/2014 4:23 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
P - RECLASS OUTSIDE AGENCY SALARY EXP						
1.00	DATA PROCESSING	5.02	0	DATA PROCESSING	5.02	296,714
3.00	OPERATION OF PLANT	7.00	0	OPERATION OF PLANT	7.00	8,033
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	MEDICAL RECORDS & LIBRARY	16.00	46,136
5.00	ADULTS & PEDIATRICS	30.00	0	ADULTS & PEDIATRICS	30.00	20,324
6.00	INTENSIVE CARE UNIT	31.00	0	INTENSIVE CARE UNIT	31.00	15,211
7.00	SKILLED NURSING FACILITY	44.00	0	SKILLED NURSING FACILITY	44.00	94,324
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	1,273
10.00	EMERGENCY	91.00	0	EMERGENCY	91.00	247,432
11.00	PURCHASING, RECEIVING AND STORES	5.03	0	PURCHASING, RECEIVING AND STORES	5.03	3,071
12.00	ADMINISTRATIVE	5.04	0	ADMINISTRATIVE	5.04	6,553
	TOTALS		0	TOTALS		739,071
Q - RECLASS NURSERY EXPENSE						
1.00	NURSERY	43.00	1,400,641	ADULTS & PEDIATRICS	30.00	1,400,641
2.00	ADULTS & PEDIATRICS	30.00	0	DELIVERY ROOM & LABOR ROOM	52.00	0
	TOTALS		1,400,641	TOTALS		1,400,641
R - RECLASS COST MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
S - RECLASS OT EXPENSE						
1.00	OCCUPATIONAL THERAPY	67.00	83,304	PHYSICAL THERAPY	66.00	83,304
	TOTALS		83,304	TOTALS		83,304
U - RECLASS IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	OPERATING ROOM	50.00	0
2.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
	TOTALS		0	TOTALS		0
W - RECLASS PENSION PLAN AUDIT FEES						
1.00	EMPLOYEE BENEFITS	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
X - RECLASS HEART FAILURE CLINIC EXPENSE						
1.00	HEART FAILURE CLINIC	90.02	57,576	OTHER ADMINISTRATIVE AND GENERAL	5.06	57,576
	TOTALS		57,576	TOTALS		57,576
Y - RECLASS INTEREST EXPENSE						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0		0.00	0
	TOTALS		0	TOTALS		0
Z - RECLASS PATIENT ACCTS EXPENSE						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,180,827	ADMINISTRATIVE	5.04	1,180,827
	TOTALS		1,180,827	TOTALS		1,180,827
AA - RECLASS COLLECTION FEES						
1.00	ADMINISTRATIVE	5.04	64,752	ADMINISTRATIVE	5.04	0
	TOTALS		64,752	TOTALS		0
AB - RECLASS ER PHYSICIAN FEES						
1.00	EMERGENCY	91.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
500.00	Grand Total: Increases		5,118,518	Grand Total: Decreases		5,792,837

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,446,451	0	0	0	1.00
2.00	Land Improvements	5,173,409	40,090	0	153,536	2.00
3.00	Buildings and Fixtures	36,785,125	2,124,591	0	18,342	3.00
4.00	Building Improvements	14,322,061	0	0	7,793	4.00
5.00	Fixed Equipment	51,128,677	2,090,622	0	807,721	5.00
6.00	Movable Equipment	113,579,167	5,853,651	0	3,340,820	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	222,434,890	10,108,954	0	4,328,212	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	222,434,890	10,108,954	0	4,328,212	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,446,451	0			1.00
2.00	Land Improvements	5,059,963	1,926,744			2.00
3.00	Buildings and Fixtures	38,891,374	15,881,625			3.00
4.00	Building Improvements	14,314,268	14,240,019			4.00
5.00	Fixed Equipment	52,411,578	6,646,745			5.00
6.00	Movable Equipment	116,091,998	50,236,151			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	228,215,632	88,931,284			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	228,215,632	88,931,284			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,726,453	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	302,749	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,771,393	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,800,595	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	3,726,453				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	302,749				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	11,771,393				2.00
3.00	Total (sum of lines 1-2)	0	15,800,595				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	103,051,030	0	103,051,030	0.463286	89,215	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	5,804,693	0	5,804,693	0.026096	5,025	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	113,579,167	0	113,579,167	0.510618	98,331	2.00
3.00	Total (sum of lines 1-2)	222,434,890	0	222,434,890	1.000000	192,571	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	89,215	3,726,453	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	5,025	302,749	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	98,331	11,771,393	0	2.00
3.00	Total (sum of lines 1-2)	0	0	192,571	15,800,595	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	89,215	0	2,290,032	6,105,700	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	5,025	0	272,707	580,481	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	98,331	0	740,802	12,610,526	2.00
3.00	Total (sum of lines 1-2)	0	192,571	0	3,303,541	19,296,707	3.00

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
1.01 Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT CC	1.01		0	1.01
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)	B	-487,045	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-39,158	COMMUNICATIONS	5.01		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	-2,399,301				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-1,184,822	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients		0		0.00		0	17.00
18.00 Sale of medical records and abstracts	B	-34,095	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00 Vending machines		0		0.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		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 REVIEW-SNF	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,860	NEW CAP REL COSTS-BLDG & FIXT	1.00		14	26.00
26.01 Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC			ONEW CAP REL COSTS-BLDG & FIXT CC	1.01		0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	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)			OADULTS & PEDIATRICS	30.00			30.99

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 PRE NATAL CLASS REGISTRATION	B	-4,145		DELIVERY ROOM & LABOR ROOM	52.00	0	33.00
33.01 COFFEE SHOP SALES	A	-370,386		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.01
33.02 SALE OF X-RAY COPIES	B	-3,089		RADIOLOGY-DIAGNOSTIC	54.00	0	33.02
33.03 MISC OTHER INCOME	B	-1,090,907		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.05 ADVERTISING EXPENSE	A	-1,033,124		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.07 CARDIAC SURGEON FEES	A	-625,197		OPERATING ROOM	50.00	0	33.07
33.08 MALPRACTICE EXPENSE	A	-14,505,004		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09		0			0.00	0	33.09
33.10 MISC FOOD SERVICE REVENUE	B	-90,614		DIETARY	10.00	0	33.10
33.11 LOBBYING EXPENSES	A	-94,045		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.13		0			0.00	0	33.13
33.14		0			0.00	0	33.14
33.15 MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-6,115		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.15
33.17 EMPLOYEE RECOGNITION DINNER	A	-5,087		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18 ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-16,354		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
35.00 PATHOLOGY SLIDE FEES	B	-323		LABORATORY	60.00	0	35.00
36.00 PHYSICIAN LOAN FORGIVENESS	A	-75,649		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	37.00
38.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	38.00
39.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	42.00
43.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)		0			0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-22,060,600					50.00

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

Provider CCN: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 4:23 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GEN RENT	1,691,489	1,691,489	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	0	1,691,489	1,691,489	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. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	E	SW ILL HEALTH V	0.00	0.00	6.00
7.00	E	MEM FOUNDATION	0.00	0.00	7.00
8.00	E	MEM CAPTIVE AZ	0.00	0.00	8.00
9.00	E	MEM CAPTIVE CAY	0.00	0.00	9.00
10.00	E	MEM MED GROUP	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: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2014 4:23 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	14		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			5.00

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

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

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

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

6.00			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: 140185

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

Worksheet A-8-2

Date/Time Prepared: 5/28/2014 4:23 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	965,458	0	965,458	165,600	7,645	1.00
2.00	13.00 NURSING ADMINISTRATION	33,333	0	33,333	177,200	233	2.00
3.00	16.00 MEDICAL RECORDS & LIBRARY	2,325	0	2,325	208,000	16	3.00
4.00	44.00 SKILLED NURSING FACILITY	17,439	17,439	0	0	0	4.00
5.00	54.00 RADIOLOGY-DIAGNOSTIC	24,413	24,413	0	0	0	5.00
6.00	59.00 CARDIAC CATHETERIZATION	24,700	0	24,700	177,200	76	6.00
7.00	60.00 LABORATORY	230,590	60,574	170,016	215,700	1,103	7.00
8.00	65.00 RESPIRATORY THERAPY	4,037	0	4,037	165,600	25	8.00
9.00	70.00 ELECTROENCEPHALOGRAPHY	9,695	0	9,695	177,200	62	9.00
10.00	91.00 EMERGENCY	1,818,045	1,818,045	0	0	0	10.00
11.00	91.00 DR. A	-180	0	-180	177,200	-1	11.00
12.00	91.00 DR. B	47,750	0	47,750	177,200	269	12.00
13.00	91.00 DR. C	10,000	0	10,000	177,200	86	13.00
200.00		3,187,605	1,920,471	1,267,134		9,514	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	608,660	30,433	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	19,850	993	0	0	0	2.00
3.00	16.00 MEDICAL RECORDS & LIBRARY	1,600	80	0	0	0	3.00
4.00	44.00 SKILLED NURSING FACILITY	0	0	0	0	0	4.00
5.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	5.00
6.00	59.00 CARDIAC CATHETERIZATION	6,475	324	0	0	0	6.00
7.00	60.00 LABORATORY	114,383	5,719	0	0	0	7.00
8.00	65.00 RESPIRATORY THERAPY	1,990	100	0	0	0	8.00
9.00	70.00 ELECTROENCEPHALOGRAPHY	5,282	264	0	0	0	9.00
10.00	91.00 EMERGENCY	0	0	0	0	0	10.00
11.00	91.00 DR. A	-85	-4	0	0	0	11.00
12.00	91.00 DR. B	22,917	1,146	0	0	0	12.00
13.00	91.00 DR. C	7,327	366	0	0	0	13.00
200.00		788,399	39,421	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.06 OTHER ADMINSTRATIVE AND GENERAL	0	608,660	356,798	356,798	1.00
2.00	13.00 NURSING ADMINISTRATION	0	19,850	13,483	13,483	2.00
3.00	16.00 MEDICAL RECORDS & LIBRARY	0	1,600	725	725	3.00
4.00	44.00 SKILLED NURSING FACILITY	0	0	0	17,439	4.00
5.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	24,413	5.00
6.00	59.00 CARDIAC CATHETERIZATION	0	6,475	18,225	18,225	6.00
7.00	60.00 LABORATORY	0	114,383	55,633	116,207	7.00
8.00	65.00 RESPIRATORY THERAPY	0	1,990	2,047	2,047	8.00
9.00	70.00 ELECTROENCEPHALOGRAPHY	0	5,282	4,413	4,413	9.00
10.00	91.00 EMERGENCY	0	0	0	1,818,045	10.00
11.00	91.00 DR. A	0	-89	0	0	11.00
12.00	91.00 DR. B	0	22,917	24,833	24,833	12.00
13.00	91.00 DR. C	0	7,327	2,673	2,673	13.00
200.00		0	788,395	478,830	2,399,301	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP	
	0	1.00	1.01	2.00	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	6,105,700	6,105,700			
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT CC	580,481	0	580,481		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	12,610,526			12,610,526	
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	41,590,010			6,734	41,606,282
5.01 00510 COMMUNICATIONS	442,166	11,902	0	112,325	101,070
5.02 00511 DATA PROCESSING	4,743,439	90,884	0	4,622,418	694,193
5.03 00512 PURCHASING, RECEIVING AND STORES	666,666	102,054	0	85,623	224,452
5.04 00513 ADMITTING	1,368,022	21,789	0	2,296	519,053
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	3,598,209	59,974	0	11,463	522,030
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	23,336,357	514,146	132,904	78,158	1,973,752
7.00 00700 OPERATION OF PLANT	7,378,695	866,731	0	171,216	800,404
7.01 00701 OPERATION OF PLANT CC	208,015	0	17,995	0	29,564
8.00 00800 LAUNDRY & LINEN SERVICE	878,239	89,470	6,518	87,682	134,008
9.00 00900 HOUSEKEEPING	2,054,149	92,715	0	28,512	750,971
9.01 00901 HOUSEKEEPING CC	138,380	0	10,895	983	52,989
10.00 01000 DIETARY	2,025,059	87,738	10,266	17,922	504,226
11.00 01100 CAFETERIA	640,349	156,518	0	33,633	511,294
13.00 01300 NURSING ADMINISTRATION	5,288,008	60,823	0	207,432	1,803,966
14.00 01400 CENTRAL SERVICES & SUPPLY	671,745	110,926	0	180,635	248,832
15.00 01500 PHARMACY	4,340,253	71,659	5,960	526,688	1,421,849
16.00 01600 MEDICAL RECORDS & LIBRARY	2,861,812	92,149	0	42,500	862,422
17.00 01700 SOCIAL SERVICE	759,802	20,541	6,728	0	279,206
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	24,483,809	1,447,008	0	436,052	9,925,869
31.00 03100 INTENSIVE CARE UNIT	4,818,583	202,026	0	178,445	1,485,432
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	1,713,904	42,346	0	1,419	601,809
44.00 04400 SKILLED NURSING FACILITY	3,898,427	0	375,247	94,452	1,420,011
45.00 04500 NURSING FACILITY	0	0	0	0	0
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	11,126,928	495,869	0	1,502,276	4,047,657
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,572,131	101,604	0	104,646	956,078
53.00 05300 ANESTHESIOLOGY	675,261	11,252	0	116,002	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,483,747	229,991	0	1,140,851	1,354,881
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0
56.00 05600 RADIOISOTOPE	0	0	0	0	0
56.02 05602 MISC NURSING OP	0	0	0	0	0
57.00 05700 CT SCAN	1,237,818	40,931	0	477,335	178,865
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	601,848	54,797	0	730,397	119,477
59.00 05900 CARDIAC CATHETERIZATION	1,511,855	0	0	605,607	439,695
60.00 06000 LABORATORY	10,402,231	310,522	0	332,725	1,855,822
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	2,554,691	38,551	815	76,314	907,079
66.00 06600 PHYSICAL THERAPY	4,421,511	56,511	8,497	71,120	1,810,155
67.00 06700 OCCUPATIONAL THERAPY	813,010	2,647	4,656	13,280	342,223
68.00 06800 SPEECH PATHOLOGY	466,467	0	0	21,425	192,386
69.00 06900 ELECTROCARDIOLOGY	1,611,393	94,030	0	227,696	583,183
70.00 07000 ELECTROENCEPHALOGRAPHY	991,604	65,051	0	79,985	395,555
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,971,988	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	8,713,741	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	7,806,997	0	0	0	0
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020 OTHER ANCILLARY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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To 12/31/2013

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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
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 DIABETIC EDUCATION OP	154,162	11,785	0	653	63,548	90.01
90.02 09003 HEART FAILURE CLINIC	57,576	31,876	0	0	24,739	90.02
91.00 09100 EMERGENCY	6,839,498	270,140	0	167,683	2,641,707	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	505,192	47,556	0	319	0	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	1,699,060	29,296	0	3,457	682,691	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	235,419,514	6,043,346	580,481	12,598,359	41,463,143	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,523	0	2,741	71,288	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSIATRY	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950 FOUNDATION	0	1,997	0	9,017	0	194.01
194.02 07951 EMT PROGRAM	223,858	12,834	0	409	71,851	194.02
194.03 07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	235,643,372	6,105,700	580,481	12,610,526	41,606,282	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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From 01/01/2013
To 12/31/2013

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Part I
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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS	667,463					5.01
5.02	00511	DATA PROCESSING	28,606	10,179,540				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	8,668	131,316	1,218,779			5.03
5.04	00513	ADMINISTRATIVE	5,201	96,706	6,364	2,019,431		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	29,906	393,948	0	0	4,615,530	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	49,410	570,054	628	0	0	5.06
7.00	00700	OPERATION OF PLANT	19,937	127,244	171	0	0	7.00
7.01	00701	OPERATION OF PLANT CC	433	0	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,300	4,072	75	0	0	8.00
9.00	00900	HOUSEKEEPING	1,734	47,844	274	0	0	9.00
9.01	00901	HOUSEKEEPING CC	433	0	1	0	0	9.01
10.00	01000	DIETARY	4,334	161,855	2,898	0	0	10.00
11.00	01100	CAFETERIA	6,501	0	5,188	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	26,438	530,354	581	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,601	17,305	18,913	0	0	14.00
15.00	01500	PHARMACY	15,170	100,777	99,218	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	24,271	342,033	293	0	0	16.00
17.00	01700	SOCIAL SERVICE	4,768	122,154	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	68,480	1,156,396	146,517	1,870,777	500,445	30.00
31.00	03100	INTENSIVE CARE UNIT	15,170	184,250	68,907	148,654	94,585	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,467	49,880	5,452	0	23,855	43.00
44.00	04400	SKILLED NURSING FACILITY	10,835	153,711	21,899	0	26,191	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	103,154	1,090,229	677,121	0	511,077	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,901	96,706	18,939	0	40,238	52.00
53.00	05300	ANESTHESIOLOGY	2,167	4,072	26,487	0	85,183	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,075	513,049	8,626	0	320,268	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	20,365	56.02
57.00	05700	CT SCAN	8,235	34,610	1,027	0	452,032	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,467	13,233	314	0	127,027	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,303	91,616	19,514	0	107,306	59.00
60.00	06000	LABORATORY	36,407	336,943	7,524	0	730,957	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	7,368	135,388	11,295	0	173,891	65.00
66.00	06600	PHYSICAL THERAPY	16,470	438,738	1,845	0	149,470	66.00
67.00	06700	OCCUPATIONAL THERAPY	4,768	66,167	50	0	38,182	67.00
68.00	06800	SPEECH PATHOLOGY	3,467	39,700	61	0	12,385	68.00
69.00	06900	ELECTROCARDIOLOGY	20,804	91,616	1,534	0	250,548	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	7,802	104,849	709	0	44,896	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	55,227	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	70,052	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	506,091	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
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	DIABETIC EDUCATION OP	1,734	13,233	155	0	460	90.01
90.02	09003	HEART FAILURE CLINIC	3,467	0	0	0	78	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
91.00	09100	EMERGENCY	41,175	526,282	57,341	0	240,833	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	5,201	22,395	75	0	13,817	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	8,668	179,160	1,349	0	20,071	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	665,296	7,987,885	1,211,345	2,019,431	4,615,530	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	433	0	610	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,169,260	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	1,734	22,395	6,824	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	667,463	10,179,540	1,218,779	2,019,431	4,615,530	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5A.05	5.06	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	26,655,409	26,655,409				5.06
7.00	00700	OPERATION OF PLANT	9,364,398	1,194,382	10,558,780			7.00
7.01	00701	OPERATION OF PLANT CC	256,007	32,652	0	288,659		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,201,364	153,228	213,311	4,380	1,572,283	8.00
9.00	00900	HOUSEKEEPING	2,976,199	379,599	221,050	0	16,904	9.00
9.01	00901	HOUSEKEEPING CC	203,681	25,978	0	7,321	0	9.01
10.00	01000	DIETARY	2,814,298	358,950	209,184	6,899	2,585	10.00
11.00	01100	CAFETERIA	1,353,483	172,630	373,166	0	2,372	11.00
13.00	01300	NURSING ADMINISTRATION	7,917,602	1,009,851	145,012	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,250,957	159,553	264,467	0	50,060	14.00
15.00	01500	PHARMACY	6,581,574	839,447	170,848	4,005	3,052	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,225,480	538,939	219,701	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,193,199	152,187	48,972	4,521	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,035,353	5,106,349	3,449,933	0	554,679	30.00
31.00	03100	INTENSIVE CARE UNIT	7,196,052	917,820	481,667	0	82,479	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,442,132	311,482	100,961	0	29,779	43.00
44.00	04400	SKILLED NURSING FACILITY	6,000,773	765,369	0	252,146	117,012	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	19,554,311	2,494,055	1,182,242	0	217,801	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,894,243	496,691	242,242	0	59,147	52.00
53.00	05300	ANESTHESIOLOGY	920,424	117,395	26,828	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,096,488	1,032,667	548,340	0	73,500	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	20,365	2,597	0	0	0	56.02
57.00	05700	CT SCAN	2,430,853	310,043	97,588	0	22,706	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,650,560	210,521	130,646	0	19,247	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,789,896	355,837	0	0	22,840	59.00
60.00	06000	LABORATORY	14,013,131	1,787,305	740,340	0	1,488	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	3,905,392	498,113	91,912	548	0	65.00
66.00	06600	PHYSICAL THERAPY	6,974,317	889,539	134,733	5,710	47,301	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,284,983	163,893	6,310	3,129	977	67.00
68.00	06800	SPEECH PATHOLOGY	735,891	93,859	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,880,804	367,432	224,185	0	17,542	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,690,451	215,609	155,092	0	13,771	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,027,215	1,151,376	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,783,793	1,120,329	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,313,088	1,060,293	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
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	DIABETIC EDUCATION OP	245,730	31,342	28,098	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	117,736	15,017	75,998	0	0	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5A. 05	5. 06	7. 00	7. 01	8. 00	
91.00	09100	EMERGENCY	10,784,659	1,375,529	644,062	0	216,927	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	594,555	75,833	113,382	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,623,752	334,646	69,847	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	233,000,598	26,318,337	10,410,117	288,659	1,572,169	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,595	15,636	113,303	0	114	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,169,260	276,678	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	11,014	1,405	4,762	0	0	194.01
194.02	07951	EMT PROGRAM	339,905	43,353	30,598	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	235,643,372	26,655,409	10,558,780	288,659	1,572,283	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		9.00	9.01	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03	
5.04	00513	ADMITTING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
7.01	00701	OPERATION OF PLANT CC					7.01	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING	3,593,752				9.00	
9.01	00901	HOUSEKEEPING CC	0	236,980			9.01	
10.00	01000	DIETARY	7,189	5,903	3,405,008		10.00	
11.00	01100	CAFETERIA	29,656	0	0	1,931,307	11.00	
13.00	01300	NURSING ADMINISTRATION	33,436	0	0	67,666	9,173,567	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	45,831	0	0	47,860	0	14.00
15.00	01500	PHARMACY	40,873	3,427	0	54,289	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	25,100	0	0	67,644	0	16.00
17.00	01700	SOCIAL SERVICE	0	3,868	0	16,145	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,626,783	0	2,366,532	586,576	5,032,160	30.00
31.00	03100	INTENSIVE CARE UNIT	140,097	0	188,008	67,710	580,891	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	73,845	0	0	29,014	248,951	43.00
44.00	04400	SKILLED NURSING FACILITY	0	215,752	850,468	93,350	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	602,161	0	0	194,353	1,667,308	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,618	0	0	46,019	394,799	52.00
53.00	05300	ANESTHESIOLOGY	9,234	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	133,962	0	0	77,966	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	36,628	0	0	12,153	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	22,838	0	0	6,407	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	83,296	0	0	19,707	0	59.00
60.00	06000	LABORATORY	101,176	0	0	115,879	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	18,190	468	0	57,432	0	65.00
66.00	06600	PHYSICAL THERAPY	17,446	4,885	0	101,830	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	496	2,677	0	17,997	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	7,367	0	68.00
69.00	06900	ELECTROCARDIOLOGY	81,995	0	0	26,897	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,026	0	0	23,952	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
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	DIABETIC EDUCATION OP	9,637	0	0	2,580	0	90.01
90.02	09003	HEART FAILURE CLINIC	651	0	0	981	0	90.02
91.00	09100	EMERGENCY	320,417	0	0	145,643	1,249,458	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING	
			9.00	9.01	10.00	11.00	ADMINISTRATION	
91.01	09101	PARAMEDICS	0	0	0	0	0	0 91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	0 91.02
91.03	09103	OP PSYCH	12,736	0	0	0	0	0 91.03
91.04	09104	ICU OTHER	0	0	0	0	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0 94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0 97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	0 98.00
99.00	09900	CMHC	0	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0	0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	0 100.00
101.00	10100	HOME HEALTH AGENCY	9,637	0	0	31,010	0	0 101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	0 105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	0 106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	0 107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	0 108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0 111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	0 112.00
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	0 115.00
116.00	11600	HOSPICE	0	0	0	0	0	0 116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	0 117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,543,954	236,980	3,405,008	1,918,427	9,173,567	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,160	0	0	8,855	0	0 190.00
191.00	19100	RESEARCH	0	0	0	0	0	0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0 192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0 193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	0 194.00
194.01	07950	FOUNDATION	0	0	0	0	0	0 194.01
194.02	07951	EMT PROGRAM	20,638	0	0	4,025	0	0 194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	0 194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,593,752	236,980	3,405,008	1,931,307	9,173,567	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
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	1,818,728					14.00
15.00	01500	PHARMACY	0	7,697,515				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,076,864			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,418,892		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	162	353,479	3,349,714	1,140,568	63,602,288	30.00
31.00	03100	INTENSIVE CARE UNIT	0	69,227	266,028	60,561	10,050,540	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	213	1,213	50,769	0	3,288,359	43.00
44.00	04400	SKILLED NURSING FACILITY	0	20,221	86,307	186,353	8,587,751	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,198	159,754	0	0	26,079,183	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,514	39,244	0	0	5,189,517	52.00
53.00	05300	ANESTHESIOLOGY	0	52,690	0	0	1,126,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	450	5,701	0	0	9,969,074	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	22,962	56.02
57.00	05700	CT SCAN	276	2,722	0	0	2,912,969	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	623	0	0	2,040,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	13,899	0	0	3,285,475	59.00
60.00	06000	LABORATORY	0	16	0	0	16,759,335	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	121	0	0	4,572,176	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	8,175,761	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,480,462	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	837,117	68.00
69.00	06900	ELECTROCARDIOLOGY	1,568	665	0	0	3,601,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	2,143,901	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,801,722	0	0	0	11,980,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	9,904,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,757,934	0	0	16,131,315	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
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	DIABETIC EDUCATION OP	0	0	0	0	317,387	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	210,383	90.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
91.00	09100	EMERGENCY	5,276	176,967	1,302,723	31,410	16,253,071	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	49	0	0	796,555	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	349	61	21,323	0	3,090,625	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,818,728	7,654,586	5,076,864	1,418,892	232,409,142	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	289,663	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,445,938	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	17,181	194.01
194.02	07951	EMT PROGRAM	0	42,929	0	0	481,448	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,818,728	7,697,515	5,076,864	1,418,892	235,643,372	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC			1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.01	00510 COMMUNICATIONS			5.01
5.02	00511 DATA PROCESSING			5.02
5.03	00512 PURCHASING, RECEIVING AND STORES			5.03
5.04	00513 ADMITTING			5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL			5.06
7.00	00700 OPERATION OF PLANT			7.00
7.01	00701 OPERATION OF PLANT CC			7.01
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
9.01	00901 HOUSEKEEPING CC			9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-2,693,742	60,908,546	30.00
31.00	03100 INTENSIVE CARE UNIT	-40,123	10,010,417	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	3,288,359	43.00
44.00	04400 SKILLED NURSING FACILITY	0	8,587,751	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	26,079,183	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	5,189,517	52.00
53.00	05300 ANESTHESIOLOGY	0	1,126,571	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	9,969,074	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MISC NURSING OP	2,487,054	2,510,016	56.02
57.00	05700 CT SCAN	0	2,912,969	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,040,842	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,285,475	59.00
60.00	06000 LABORATORY	0	16,759,335	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	4,572,176	65.00
66.00	06600 PHYSICAL THERAPY	0	8,175,761	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,480,462	67.00
68.00	06800 SPEECH PATHOLOGY	0	837,117	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,601,088	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,143,901	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,980,313	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,904,122	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,131,315	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
90.01	09001	DIABETIC EDUCATION OP	0	317,387	90.01
90.02	09003	HEART FAILURE CLINIC	0	210,383	90.02
91.00	09100	EMERGENCY	0	16,253,071	91.00
91.01	09101	PARAMEDICS	0	0	91.01
91.02	09102	OP TELEMETRY	206,688	206,688	91.02
91.03	09103	OP PSYCH	0	796,555	91.03
91.04	09104	ICU OTHER	40,123	40,123	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09900	OTHER REIMBURSABLE	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	3,090,625	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	232,409,142	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	289,663	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,445,938	192.00
192.01	19201	PHYSIATRY	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950	FOUNDATION	0	17,181	194.01
194.02	07951	EMT PROGRAM	0	481,448	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	194.03
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	235,643,372	202.00

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE	FEET	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	5	GROSS	SALARIES	4.00
5.01	COMMUNICATIONS	22	PHONES		5.01
5.02	DATA PROCESSING	23	%	RESOURCES	5.02
5.03	PURCHASING, RECEIVING AND STORES	24	STORE	REQUISITIONS	5.03
5.04	ADMINISTRATIVE	25	PATIENT	DAYS	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	26	GROSS	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-27	ACCUM.	COST	5.06
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT CC	20	SQUARE	FEET	7.01
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF	SERVICE	9.00
9.01	HOUSEKEEPING CC	20	SQUARE	FEET	9.01
10.00	DIETARY	8	PATIENT	MEALS	10.00
11.00	CAFETERIA	9	EMPLOYEE	MEALS	11.00
13.00	NURSING ADMINISTRATION	11	TIME	SPENT	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	13	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	14	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	15	TIME	SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,538	0	6,734	16,272 4.00
5.01 00510	COMMUNICATIONS	0	11,902	0	112,325	124,227 5.01
5.02 00511	DATA PROCESSING	0	90,884	0	4,622,418	4,713,302 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	102,054	0	85,623	187,677 5.03
5.04 00513	ADMINISTRATIVE	0	21,789	0	2,296	24,085 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	59,974	0	11,463	71,437 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	514,146	132,904	78,158	725,208 5.06
7.00 00700	OPERATION OF PLANT	0	866,731	0	171,216	1,037,947 7.00
7.01 00701	OPERATION OF PLANT CC	0	0	17,995	0	17,995 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	89,470	6,518	87,682	183,670 8.00
9.00 00900	HOUSEKEEPING	0	92,715	0	28,512	121,227 9.00
9.01 00901	HOUSEKEEPING CC	0	0	10,895	983	11,878 9.01
10.00 01000	DIETARY	0	87,738	10,266	17,922	115,926 10.00
11.00 01100	CAFETERIA	0	156,518	0	33,633	190,151 11.00
13.00 01300	NURSING ADMINISTRATION	0	60,823	0	207,432	268,255 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	110,926	0	180,635	291,561 14.00
15.00 01500	PHARMACY	0	71,659	5,960	526,688	604,307 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	92,149	0	42,500	134,649 16.00
17.00 01700	SOCIAL SERVICE	0	20,541	6,728	0	27,269 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,447,008	0	436,052	1,883,060 30.00
31.00 03100	INTENSIVE CARE UNIT	0	202,026	0	178,445	380,471 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	42,346	0	1,419	43,765 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	375,247	94,452	469,699 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	495,869	0	1,502,276	1,998,145 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	101,604	0	104,646	206,250 52.00
53.00 05300	ANESTHESIOLOGY	0	11,252	0	116,002	127,254 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	229,991	0	1,140,851	1,370,842 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	HYPERBARIC MEDICINE	0	0	0	0	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	0	40,931	0	477,335	518,266 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	54,797	0	730,397	785,194 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	605,607	605,607 59.00
60.00 06000	LABORATORY	0	310,522	0	332,725	643,247 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	38,551	815	76,314	115,680 65.00
66.00 06600	PHYSICAL THERAPY	0	56,511	8,497	71,120	136,128 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	2,647	4,656	13,280	20,583 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	21,425	21,425 68.00
69.00 06900	ELECTROCARDIOLOGY	0	94,030	0	227,696	321,726 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	65,051	0	79,985	145,036 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
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	11,785	0	653	12,438	90.01
90.02 09003 HEART FAILURE CLINIC	0	31,876	0	0	31,876	90.02
91.00 09100 EMERGENCY	0	270,140	0	167,683	437,823	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	0	47,556	0	319	47,875	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	29,296	0	3,457	32,753	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	6,043,346	580,481	12,598,359	19,222,186	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	47,523	0	2,741	50,264	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSIATRY	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950 FOUNDATION	0	1,997	0	9,017	11,014	194.01
194.02 07951 EMT PROGRAM	0	12,834	0	409	13,243	194.02
194.03 07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	6,105,700	580,481	12,610,526	19,296,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	16,272					4.00
5.01	00510	COMMUNICATIONS	40	124,267				5.01
5.02	00511	DATA PROCESSING	271	5,326	4,718,899			5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	88	1,614	60,874	250,253		5.03
5.04	00513	ADMINISTRATIVE	203	968	44,830	1,307	71,393	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	204	5,568	182,621	0	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	772	9,199	264,258	129	0	5.06
7.00	00700	OPERATION OF PLANT	313	3,712	58,986	35	0	7.00
7.01	00701	OPERATION OF PLANT CC	12	81	0	0	0	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	52	242	1,888	15	0	8.00
9.00	00900	HOUSEKEEPING	294	323	22,179	56	0	9.00
9.01	00901	HOUSEKEEPING CC	21	81	0	0	0	9.01
10.00	01000	DIETARY	197	807	75,030	595	0	10.00
11.00	01100	CAFETERIA	200	1,210	0	1,065	0	11.00
13.00	01300	NURSING ADMINISTRATION	705	4,922	245,855	119	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	97	484	8,022	3,883	0	14.00
15.00	01500	PHARMACY	556	2,824	46,717	20,372	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	337	4,519	158,555	60	0	16.00
17.00	01700	SOCIAL SERVICE	109	888	56,627	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	3,882	12,749	536,067	30,084	66,138	30.00
31.00	03100	INTENSIVE CARE UNIT	581	2,824	85,412	14,148	5,255	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	235	646	23,123	1,120	0	43.00
44.00	04400	SKILLED NURSING FACILITY	555	2,017	71,255	4,496	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,583	19,204	505,394	139,037	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	374	726	44,830	3,889	0	52.00
53.00	05300	ANESTHESIOLOGY	0	403	1,888	5,438	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	530	8,392	237,833	1,771	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	70	1,533	16,044	211	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	47	646	6,135	65	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	172	2,663	42,470	4,007	0	59.00
60.00	06000	LABORATORY	726	6,778	156,196	1,545	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	355	1,372	62,761	2,319	0	65.00
66.00	06600	PHYSICAL THERAPY	708	3,066	203,385	379	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	134	888	30,673	10	0	67.00
68.00	06800	SPEECH PATHOLOGY	75	646	18,404	13	0	68.00
69.00	06900	ELECTROCARDIOLOGY	228	3,873	42,470	315	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	155	1,452	48,605	146	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
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
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	DIABETIC EDUCATION OP	25	323	6,135	32	0	90.01
90.02	09003	HEART FAILURE CLINIC	10	646	0	0	0	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
91.00	09100	EMERGENCY	1,033	7,666	243,967	11,774	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	968	10,382	15	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	267	1,614	83,053	277	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	16,216	123,863	3,702,924	248,727	71,393	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	28	81	0	125	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,005,593	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	28	323	10,382	1,401	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,272	124,267	4,718,899	250,253	71,393	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:23 pm		
Cost Center	Description	CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	OPERATION OF PLANT CC 7.01	LAUNDRY & LINEN SERVICE 8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	259,830				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	999,566			5.06
7.00	00700	OPERATION OF PLANT	0	44,790	1,145,783		7.00
7.01	00701	OPERATION OF PLANT CC	0	1,224	0	19,312	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,746	23,147	293	215,053
9.00	00900	HOUSEKEEPING	0	14,235	23,987	0	2,312
9.01	00901	HOUSEKEEPING CC	0	974	0	490	0
10.00	01000	DIETARY	0	13,461	22,700	462	354
11.00	01100	CAFETERIA	0	6,474	40,494	0	324
13.00	01300	NURSING ADMINISTRATION	0	37,870	15,736	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,983	28,699	0	6,847
15.00	01500	PHARMACY	0	31,480	18,539	268	417
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,210	23,841	0	0
17.00	01700	SOCIAL SERVICE	0	5,707	5,314	302	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	28,169	191,467	374,367	0	75,867
31.00	03100	INTENSIVE CARE UNIT	5,324	34,419	52,268	0	11,281
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,343	11,681	10,956	0	4,073
44.00	04400	SKILLED NURSING FACILITY	1,474	28,702	0	16,869	16,005
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	28,768	93,528	128,291	0	29,790
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,265	18,626	26,287	0	8,090
53.00	05300	ANESTHESIOLOGY	4,795	4,402	2,911	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,027	38,726	59,503	0	10,053
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	1,146	97	0	0	0
57.00	05700	CT SCAN	25,444	11,627	10,590	0	3,106
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,150	7,895	14,177	0	2,633
59.00	05900	CARDIAC CATHETERIZATION	6,040	13,344	0	0	3,124
60.00	06000	LABORATORY	41,175	67,025	80,338	41	204
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	9,788	18,679	9,974	37	0
66.00	06600	PHYSICAL THERAPY	8,413	33,358	14,621	382	6,470
67.00	06700	OCCUPATIONAL THERAPY	2,149	6,146	685	209	134
68.00	06800	SPEECH PATHOLOGY	697	3,520	0	0	0
69.00	06900	ELECTROCARDIOLOGY	14,103	13,779	24,327	0	2,399
70.00	07000	ELECTROENCEPHALOGRAPHY	2,527	8,085	16,830	0	1,883
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,109	43,177	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,943	42,013	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	28,487	39,761	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETIC EDUCATION OP	26	1,175	3,049	0	0
90.02	09003	HEART FAILURE CLINIC	4	563	8,247	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5.05	5.06	7.00	7.01	8.00	
91.00	09100	EMERGENCY	13,556	51,583	69,890	0	29,671	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	778	2,844	12,304	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,130	12,549	7,579	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	259,830	986,925	1,129,651	19,312	215,037	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	586	12,295	0	16	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,376	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	53	517	0	0	194.01
194.02	07951	EMT PROGRAM	0	1,626	3,320	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	259,830	999,566	1,145,783	19,312	215,053	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:23 pm		
Cost Center Description		HOUSEKEEPING 9.00	HOUSEKEEPING CC 9.01	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
7.01	00701	OPERATION OF PLANT CC				7.01
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING	184,613			9.00
9.01	00901	HOUSEKEEPING CC	0	13,444		9.01
10.00	01000	DIETARY	369	335	230,236	10.00
11.00	01100	CAFETERIA	1,523	0	0	241,441
13.00	01300	NURSING ADMINISTRATION	1,718	0	0	8,459
14.00	01400	CENTRAL SERVICES & SUPPLY	2,354	0	0	5,983
15.00	01500	PHARMACY	2,100	194	0	6,787
16.00	01600	MEDICAL RECORDS & LIBRARY	1,289	0	0	8,456
17.00	01700	SOCIAL SERVICE	0	219	0	2,018
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	83,573	0	160,017	73,331
31.00	03100	INTENSIVE CARE UNIT	7,197	0	12,713	8,465
32.00	03200	CORONARY CARE UNIT	0	0	0	0
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	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	3,793	0	0	3,627
44.00	04400	SKILLED NURSING FACILITY	0	12,240	57,506	11,670
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	30,933	0	0	24,297
51.00	05100	RECOVERY ROOM	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	802	0	0	5,753
53.00	05300	ANESTHESIOLOGY	474	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,882	0	0	9,747
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0
57.00	05700	CT SCAN	1,882	0	0	1,519
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,173	0	0	801
59.00	05900	CARDIAC CATHETERIZATION	4,279	0	0	2,464
60.00	06000	LABORATORY	5,197	0	0	14,487
60.01	06001	BLOOD LABORATORY	0	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	934	27	0	7,180
66.00	06600	PHYSICAL THERAPY	896	277	0	12,730
67.00	06700	OCCUPATIONAL THERAPY	25	152	0	2,250
68.00	06800	SPEECH PATHOLOGY	0	0	0	921
69.00	06900	ELECTROCARDIOLOGY	4,212	0	0	3,362
70.00	07000	ELECTROENCEPHALOGRAPHY	2,313	0	0	2,994
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	0	0	0	0
90.01	09001	DIABETIC EDUCATION OP	495	0	0	323
90.02	09003	HEART FAILURE CLINIC	33	0	0	123
91.00	09100	EMERGENCY	16,460	0	0	18,207

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ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	654	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	495	0	0	3,877	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,055	13,444	230,236	239,831	583,639	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,498	0	0	1,107	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	0	0	194.01
194.02	07951 EMT PROGRAM	1,060	0	0	503	0	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	184,613	13,444	230,236	241,441	583,639	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
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	353,913					14.00
15.00	01500	PHARMACY	0	734,561				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	351,916			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	98,453		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	32	33,732	232,194	79,141	4,184,025	30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,606	18,440	4,202	686,563	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	41	116	3,519	0	123,877	43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,930	5,983	12,931	713,332	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,401	15,245	0	0	3,121,693	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	295	3,745	0	0	347,050	52.00
53.00	05300	ANESTHESIOLOGY	0	5,028	0	0	152,593	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	88	544	0	0	1,762,938	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	1,243	56.02
57.00	05700	CT SCAN	54	260	0	0	590,606	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	59	0	0	825,975	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,326	0	0	685,496	59.00
60.00	06000	LABORATORY	0	2	0	0	1,016,920	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	12	0	0	229,118	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	420,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	64,038	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	45,701	68.00
69.00	06900	ELECTROCARDIOLOGY	305	63	0	0	431,162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	230,026	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	350,602	0	0	0	396,888	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	45,956	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	644,897	0	0	713,145	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
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	DIABETIC EDUCATION OP	0	0	0	0	24,021	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	41,502	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
91.00	09100	EMERGENCY	1,027	16,888	90,302	2,179	1,091,519	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	5	0	0	75,825	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	68	6	1,478	0	145,146	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	353,913	730,464	351,916	98,453	18,167,171	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	66,000	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,015,969	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	11,584	194.01
194.02	07951	EMT PROGRAM	0	4,097	0	0	35,983	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	353,913	734,561	351,916	98,453	19,296,707	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT		4.00
5.01	00510	COMMUNICATIONS		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT CC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING CC		9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-177,206	4,006,819
31.00	03100	INTENSIVE CARE UNIT	-2,741	683,822
32.00	03200	CORONARY CARE UNIT	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0
40.00	04000	SUBPROVIDER - IPF	0	0
41.00	04100	SUBPROVIDER - IRF	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	123,877
44.00	04400	SKILLED NURSING FACILITY	0	713,332
45.00	04500	NURSING FACILITY	0	0
46.00	04600	OTHER LONG TERM CARE	0	0
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	3,121,693
51.00	05100	RECOVERY ROOM	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	347,050
53.00	05300	ANESTHESIOLOGY	0	152,593
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,762,938
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0
56.00	05600	RADIOISOTOPE	0	0
56.02	05602	MISC NURSING OP	163,609	164,852
57.00	05700	CT SCAN	0	590,606
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	825,975
59.00	05900	CARDIAC CATHETERIZATION	0	685,496
60.00	06000	LABORATORY	0	1,016,920
60.01	06001	BLOOD LABORATORY	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0
65.00	06500	RESPIRATORY THERAPY	0	229,118
66.00	06600	PHYSICAL THERAPY	0	420,813
67.00	06700	OCCUPATIONAL THERAPY	0	64,038
68.00	06800	SPEECH PATHOLOGY	0	45,701
69.00	06900	ELECTROCARDIOLOGY	0	431,162
70.00	07000	ELECTROENCEPHALOGRAPHY	0	230,026
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	396,888
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	45,956
73.00	07300	DRUGS CHARGED TO PATIENTS	0	713,145
74.00	07400	RENAL DIALYSIS	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0
76.00	03020	OTHER ANCILLARY	0	0
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

Period:
From 01/01/2013
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	09001 DIABETIC EDUCATION OP	0	24,021	90.01
90.02	09003 HEART FAILURE CLINIC	0	41,502	90.02
91.00	09100 EMERGENCY	0	1,091,519	91.00
91.01	09101 PARAMEDICS	0	0	91.01
91.02	09102 OP TELEMETRY	13,597	13,597	91.02
91.03	09103 OP PSYCH	0	75,825	91.03
91.04	09104 ICU OTHER	2,741	2,741	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	145,146	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	18,167,171	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	66,000	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,015,969	192.00
192.01	19201 PHYSIATRY	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950 FOUNDATION	0	11,584	194.01
194.02	07951 EMT PROGRAM	0	35,983	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	19,296,707	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	366,808				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			12,564,352		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	573	0	6,709	96,833,778	4.00
5.01 00510	COMMUNICATIONS	715	0	111,914	235,228	1,540 5.01
5.02 00511	DATA PROCESSING	5,460	0	4,605,491	1,615,654	66 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	6,131	0	85,309	522,386	20 5.03
5.04 00513	ADMINISTRATION	1,309	0	2,288	1,208,036	12 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	3,603	0	11,421	1,214,965	69 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	30,888	5,709	77,872	4,593,678	114 5.06
7.00 00700	OPERATION OF PLANT	52,070	0	170,589	1,862,847	46 7.00
7.01 00701	OPERATION OF PLANT CC	0	773	0	68,806	1 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	5,375	280	87,361	311,887	3 8.00
9.00 00900	HOUSEKEEPING	5,570	0	28,408	1,747,797	4 9.00
9.01 00901	HOUSEKEEPING CC	0	468	979	123,326	1 9.01
10.00 01000	DIETARY	5,271	441	17,856	1,173,528	10 10.00
11.00 01100	CAFETERIA	9,403	0	33,510	1,189,978	15 11.00
13.00 01300	NURSING ADMINISTRATION	3,654	0	206,672	4,198,522	61 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,664	0	179,974	579,127	6 14.00
15.00 01500	PHARMACY	4,305	256	524,760	3,309,188	35 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,536	0	42,344	2,007,187	56 16.00
17.00 01700	SOCIAL SERVICE	1,234	289	0	649,819	11 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	86,931	0	434,455	23,101,298	158 30.00
31.00 03100	INTENSIVE CARE UNIT	12,137	0	177,792	3,457,171	35 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,544	0	1,414	1,400,641	8 43.00
44.00 04400	SKILLED NURSING FACILITY	0	16,119	94,106	3,304,911	25 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	29,790	0	1,496,775	9,420,451	238 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,104	0	104,263	2,225,161	9 52.00
53.00 05300	ANESTHESIOLOGY	676	0	115,577	0	5 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,817	0	1,136,674	3,153,328	104 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	HYPERBARIC MEDICINE	0	0	0	0	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	2,459	0	475,587	416,287	19 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	3,292	0	727,723	278,068	8 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	603,390	1,023,340	33 59.00
60.00 06000	LABORATORY	18,655	0	331,507	4,319,211	84 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	2,316	35	76,035	2,111,122	17 65.00
66.00 06600	PHYSICAL THERAPY	3,395	365	70,860	4,212,926	38 66.00
67.00 06700	OCCUPATIONAL THERAPY	159	200	13,231	796,485	11 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	21,347	447,755	8 68.00
69.00 06900	ELECTROCARDIOLOGY	5,649	0	226,862	1,357,291	48 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	3,908	0	79,692	920,608	18 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
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

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Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00	4.00	5.01	
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	DIABETIC EDUCATION OP	708	0	651	147,900	4	90.01
90.02	09003	HEART FAILURE CLINIC	1,915	0	0	57,576	8	90.02
91.00	09100	EMERGENCY	16,229	0	167,069	6,148,265	95	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	2,857	0	318	0	12	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,760	0	3,444	1,588,885	20	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	363,062	24,935	12,552,229	96,500,639	1,535	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,855	0	2,731	165,915	1	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	120	0	8,984	0	0	194.01
194.02	07951	EMT PROGRAM	771	0	408	167,224	4	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,105,700	580,481	12,610,526	41,606,282	667,463	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.645493	23.279767	1.003675	0.429667	433.417532	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				16,272	124,267	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000168	80.692857	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING	10,000				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	129	10,013,944			5.03
5.04	00513	ADMITTING	95	52,287	65,275		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	387	0	0	1,014,894,348	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	560	5,158	0	0	-26,655,409
7.00	00700	OPERATION OF PLANT	125	1,407	0	0	0
7.01	00701	OPERATION OF PLANT CC	0	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	4	620	0	0	0
9.00	00900	HOUSEKEEPING	47	2,253	0	0	0
9.01	00901	HOUSEKEEPING CC	0	8	0	0	0
10.00	01000	DIETARY	159	23,813	0	0	0
11.00	01100	CAFETERIA	0	42,626	0	0	0
13.00	01300	NURSING ADMINISTRATION	521	4,776	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	17	155,400	0	0	0
15.00	01500	PHARMACY	99	815,215	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	336	2,405	0	0	0
17.00	01700	SOCIAL SERVICE	120	1	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,136	1,203,837	60,470	110,036,282	0
31.00	03100	INTENSIVE CARE UNIT	181	566,164	4,805	20,797,045	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	49	44,798	0	5,245,149	0
44.00	04400	SKILLED NURSING FACILITY	151	179,928	0	5,758,827	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,071	5,563,456	0	112,374,028	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	95	155,614	0	8,847,380	0
53.00	05300	ANESTHESIOLOGY	4	217,626	0	18,729,674	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	504	70,874	0	70,419,581	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	4,477,871	0
57.00	05700	CT SCAN	34	8,441	0	99,391,340	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	13	2,584	0	27,930,342	0
59.00	05900	CARDIAC CATHETERIZATION	90	160,337	0	23,594,025	0
60.00	06000	LABORATORY	331	61,821	0	160,766,670	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	133	92,805	0	38,234,664	0
66.00	06600	PHYSICAL THERAPY	431	15,157	0	32,865,044	0
67.00	06700	OCCUPATIONAL THERAPY	65	411	0	8,395,339	0
68.00	06800	SPEECH PATHOLOGY	39	505	0	2,723,137	0
69.00	06900	ELECTROCARDIOLOGY	90	12,608	0	55,089,699	0
70.00	07000	ELECTROENCEPHALOGRAPHY	103	5,828	0	9,871,503	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,143,191	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,402,753	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	111,277,664	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
90.01	09001 DIABETIC EDUCATION OP	13	1,272	0	101,247	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	17,170	0	90.02
91.00	09100 EMERGENCY	517	471,132	0	52,953,566	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	22	613	0	3,038,096	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	176	11,087	0	4,413,061	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,847	9,952,867	65,275	1,014,894,348	-26,655,409	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,008	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,131	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	0	0	194.01
194.02	07951 EMT PROGRAM	22	56,069	0	0	0	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	10,179,540	1,218,779	2,019,431	4,615,530		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1,017.954000	0.121708	30.937281	0.004548		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,718,899	250,253	71,393	259,830		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	471.889900	0.024990	1.093727	0.000256		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	208,987,963				5.06
7.00	00700	OPERATION OF PLANT	9,364,398	266,059			7.00
7.01	00701	OPERATION OF PLANT CC	256,007	0	18,453		7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,201,364	5,375	280	1,992,283	8.00
9.00	00900	HOUSEKEEPING	2,976,199	5,570	0	21,419	115,972
9.01	00901	HOUSEKEEPING CC	203,681	0	468	0	0
10.00	01000	DIETARY	2,814,298	5,271	441	3,275	232
11.00	01100	CAFETERIA	1,353,483	9,403	0	3,005	957
13.00	01300	NURSING ADMINISTRATION	7,917,602	3,654	0	0	1,079
14.00	01400	CENTRAL SERVICES & SUPPLY	1,250,957	6,664	0	63,432	1,479
15.00	01500	PHARMACY	6,581,574	4,305	256	3,867	1,319
16.00	01600	MEDICAL RECORDS & LIBRARY	4,225,480	5,536	0	0	810
17.00	01700	SOCIAL SERVICE	1,193,199	1,234	289	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,035,353	86,931	0	702,852	52,497
31.00	03100	INTENSIVE CARE UNIT	7,196,052	12,137	0	104,511	4,521
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,442,132	2,544	0	37,734	2,383
44.00	04400	SKILLED NURSING FACILITY	6,000,773	0	16,119	148,269	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,554,311	29,790	0	275,982	19,432
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,894,243	6,104	0	74,947	504
53.00	05300	ANESTHESIOLOGY	920,424	676	0	0	298
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,096,488	13,817	0	93,134	4,323
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	20,365	0	0	0	0
57.00	05700	CT SCAN	2,430,853	2,459	0	28,772	1,182
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,650,560	3,292	0	24,388	737
59.00	05900	CARDIAC CATHETERIZATION	2,789,896	0	0	28,941	2,688
60.00	06000	LABORATORY	14,013,131	18,655	0	1,886	3,265
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,905,392	2,316	35	0	587
66.00	06600	PHYSICAL THERAPY	6,974,317	3,395	365	59,936	563
67.00	06700	OCCUPATIONAL THERAPY	1,284,983	159	200	1,238	16
68.00	06800	SPEECH PATHOLOGY	735,891	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,880,804	5,649	0	22,228	2,646
70.00	07000	ELECTROENCEPHALOGRAPHY	1,690,451	3,908	0	17,449	1,453
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,027,215	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,783,793	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	8,313,088	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
90.01	09001 DIABETIC EDUCATION OP	245,730	708	0	0	311	90.01
90.02	09003 HEART FAILURE CLINIC	117,736	1,915	0	0	21	90.02
91.00	09100 EMERGENCY	10,784,659	16,229	0	274,874	10,340	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	594,555	2,857	0	0	411	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	2,623,752	1,760	0	0	311	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	206,345,189	262,313	18,453	1,992,139	114,365	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	122,595	2,855	0	144	941	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,169,260	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	11,014	120	0	0	0	194.01
194.02	07951 EMT PROGRAM	339,905	771	0	0	666	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	26,655,409	10,558,780	288,659	1,572,283	3,593,752	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.127545	39.685859	15.642931	0.789187	30.988101	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	999,566	1,145,783	19,312	215,053	184,613	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004783	4.306500	1.046551	0.107943	1.591876	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901	17,705					9.01
10.00	01000	441	260,580				10.00
11.00	01100	0	0	175,132			11.00
13.00	01300	0	0	6,136	4,198,521		13.00
14.00	01400	0	0	4,340	0	1,074,914	14.00
15.00	01500	256	0	4,923	0	0	15.00
16.00	01600	0	0	6,134	0	0	16.00
17.00	01700	289	0	1,464	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	181,107	53,191	2,303,098	96	30.00
31.00	03100	0	14,388	6,140	265,860	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	2,631	113,939	126	43.00
44.00	04400	16,119	65,085	8,465	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	17,624	763,087	4,254	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	4,173	180,690	895	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	7,070	0	266	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	0	0	1,102	0	163	57.00
58.00	05800	0	0	581	0	0	58.00
59.00	05900	0	0	1,787	0	0	59.00
60.00	06000	0	0	10,508	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	35	0	5,208	0	0	65.00
66.00	06600	365	0	9,234	0	0	66.00
67.00	06700	200	0	1,632	0	0	67.00
68.00	06800	0	0	668	0	0	68.00
69.00	06900	0	0	2,439	0	927	69.00
70.00	07000	0	0	2,172	0	0	70.00
71.00	07100	0	0	0	0	1,064,863	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
			9.01	10.00	11.00	13.00	14.00	
90.01	09001	DIABETIC EDUCATION OP	0	0	234	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	89	0	0	90.02
91.00	09100	EMERGENCY	0	0	13,207	571,847	3,118	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	2,812	0	206	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,705	260,580	173,964	4,198,521	1,074,914	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	803	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	365	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	236,980	3,405,008	1,931,307	9,173,567	1,818,728	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.384920	13.067035	11.027722	2.184952	1.691975	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	13,444	230,236	241,441	583,639	353,913	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.759334	0.883552	1.378623	0.139011	0.329248	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510 COMMUNICATIONS				5.01
5.02	00511 DATA PROCESSING				5.02
5.03	00512 PURCHASING, RECEIVING AND STORES				5.03
5.04	00513 ADMITTING				5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700 OPERATION OF PLANT				7.00
7.01	00701 OPERATION OF PLANT CC				7.01
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
9.01	00901 HOUSEKEEPING CC				9.01
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	8,892,434			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	10,000		16.00
17.00	01700 SOCIAL SERVICE	0	0	18,837	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	408,351	6,598	15,142	30.00
31.00	03100 INTENSIVE CARE UNIT	79,974	524	804	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	1,401	100	0	43.00
44.00	04400 SKILLED NURSING FACILITY	23,360	170	2,474	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	184,553	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	45,336	0	0	52.00
53.00	05300 ANESTHESIOLOGY	60,869	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,586	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	56.02
57.00	05700 CT SCAN	3,144	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	720	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	16,057	0	0	59.00
60.00	06000 LABORATORY	19	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	140	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	768	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	7,806,997	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	76.00
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	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
90.01	09001 DIABETIC EDUCATION OP	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	204,438	2,566	417	91.00
91.01	09101 PARAMEDICS	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	91.02
91.03	09103 OP PSYCH	57	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	98.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	71	42	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,842,841	10,000	18,837	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	194.01
194.02	07951 EMT PROGRAM	49,593	0	0	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	194.03
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,697,515	5,076,864	1,418,892	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.865625	507.686400	75.324733	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	734,561	351,916	98,453	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.082605	35.191600	5.226575	205.00

Provider CCN: 140185

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

Worksheet B-2

Date/Time Prepared:
5/28/2014 4:23 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS		1 74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM		1 94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS		1 74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM		1 94.00	0	4.00
5.00	ADJ FOR ESA COSTS IN RENAL DIALYSIS		1 74.00	0	5.00
6.00	ADJ FOR ESA COSTS IN HOME PROGRAM		1 94.00	0	6.00
7.00	MISC NURSING OP		1 56.02	2,487,054	7.00
8.00	ADULTS & PEDIATRICS		1 30.00	-2,693,742	8.00
9.00	OP TELEMETRY		1 91.02	206,688	9.00
10.00	MISC NURSING OP		2 56.02	163,609	10.00
11.00	ADULTS & PEDIATRICS		2 30.00	-177,206	11.00
12.00	OP TELEMETRY		2 91.02	13,597	12.00
13.00	ICU OTHER		1 91.04	40,123	13.00
14.00	ICU		1 31.00	-40,123	14.00
15.00	ICU OTHER		2 91.04	2,741	15.00
16.00	ICU		2 31.00	-2,741	16.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

		Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	60,908,546	60,908,546	0	60,908,546	30.00	
31.00	03100 INTENSIVE CARE UNIT	10,010,417	10,010,417	0	10,010,417	31.00	
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00	
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00	
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00	
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	40.00	
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	3,288,359	3,288,359	0	3,288,359	43.00	
44.00	04400 SKILLED NURSING FACILITY	8,587,751	8,587,751	0	8,587,751	44.00	
45.00	04500 NURSING FACILITY	0	0	0	0	45.00	
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	46.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,079,183	26,079,183	0	26,079,183	50.00	
51.00	05100 RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,189,517	5,189,517	0	5,189,517	52.00	
53.00	05300 ANESTHESIOLOGY	1,126,571	1,126,571	0	1,126,571	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,969,074	9,969,074	0	9,969,074	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
55.01	05501 HYPERBARIIC MEDICINE	0	0	0	0	55.01	
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00	
56.02	05602 MISC NURSING OP	2,510,016	2,510,016	0	2,510,016	56.02	
57.00	05700 CT SCAN	2,912,969	2,912,969	0	2,912,969	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	2,040,842	2,040,842	0	2,040,842	58.00	
59.00	05900 CARDIAC CATHETERIZATION	3,285,475	3,285,475	18,225	3,303,700	59.00	
60.00	06000 LABORATORY	16,759,335	16,759,335	55,633	16,814,968	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	4,572,176	4,572,176	2,047	4,574,223	65.00	
66.00	06600 PHYSICAL THERAPY	8,175,761	8,175,761	0	8,175,761	66.00	
67.00	06700 OCCUPATIONAL THERAPY	1,480,462	1,480,462	0	1,480,462	67.00	
68.00	06800 SPEECH PATHOLOGY	837,117	837,117	0	837,117	68.00	
69.00	06900 ELECTROCARDIOLOGY	3,601,088	3,601,088	0	3,601,088	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	2,143,901	2,143,901	4,413	2,148,314	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,980,313	11,980,313	0	11,980,313	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,904,122	9,904,122	0	9,904,122	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	16,131,315	16,131,315	0	16,131,315	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03020 OTHER ANCILLARY	0	0	0	0	76.00	
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	0	0	0	90.00	
90.01	09001 DIABETIC EDUCATION OP	317,387	317,387	0	317,387	90.01	
90.02	09003 HEART FAILURE CLINIC	210,383	210,383	0	210,383	90.02	
91.00	09100 EMERGENCY	16,253,071	16,253,071	27,506	16,280,577	91.00	
91.01	09101 PARAMEDICS	0	0	0	0	91.01	
91.02	09102 OP TELEMETRY	206,688	206,688	0	206,688	91.02	
91.03	09103 OP PSYCH	796,555	796,555	0	796,555	91.03	
91.04	09104 ICU OTHER	40,123	40,123	0	40,123	91.04	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
98.00	09950 OTHER REIMBURSABLE	0	0	0	0	98.00	
99.00	09900 CMHC	0	0	0	0	99.00	
99.10	09910 CORF	0	0	0	0	99.10	
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00	
101.00	10100 HOME HEALTH AGENCY	3,090,625	3,090,625	0	3,090,625	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00	
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00	
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

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Part I
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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	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	LIVER ACQUISITION	0		0		0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0		0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0		0	117.00
200.00		Subtotal (see instructions)	232,409,142	0	232,409,142	107,824	232,516,966	200.00
201.00		Less Observation Beds	0		0		0	201.00
202.00		Total (see instructions)	232,409,142	0	232,409,142	107,824	232,516,966	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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			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	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	109,664,146		109,664,146				30.00
31.00	03100	INTENSIVE CARE UNIT	20,714,020		20,714,020				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,245,149		5,245,149				43.00
44.00	04400	SKILLED NURSING FACILITY	5,758,827		5,758,827				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,254,137	78,119,892	112,374,029	0.232075	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	6,930,317	1,917,063	8,847,380	0.586560	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	10,908,888	7,820,786	18,729,674	0.060149	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,615,639	53,803,942	70,419,581	0.141567	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.02	05602	MISC NURSING OP	0	4,477,871	4,477,871	0.560538	0.000000		56.02
57.00	05700	CT SCAN	25,396,296	73,995,044	99,391,340	0.029308	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,569,616	21,360,726	27,930,342	0.073069	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,067,132	7,526,893	23,594,025	0.139250	0.000000		59.00
60.00	06000	LABORATORY	76,954,715	83,317,137	160,271,852	0.104568	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	33,317,754	4,916,910	38,234,664	0.119582	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,619,616	21,245,428	32,865,044	0.248768	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,066,678	2,328,660	8,395,338	0.176343	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,724,354	998,783	2,723,137	0.307409	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	25,205,902	29,883,797	55,089,699	0.065368	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,225	9,254,278	9,871,503	0.217181	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,671,058	6,472,133	12,143,191	0.986587	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,474,985	4,927,768	15,402,753	0.643010	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,306,634	22,971,031	111,277,665	0.144965	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000		76.00
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	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	0	101,247	101,247	3.134779	0.000000		90.01
90.02	09003	HEART FAILURE CLINIC	0	17,170	17,170	12.252941	0.000000		90.02
91.00	09100	EMERGENCY	12,695,949	40,257,617	52,953,566	0.306931	0.000000		91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	0	372,136	372,136	0.555410	0.000000		91.02
91.03	09103	OP PSYCH	0	3,038,096	3,038,096	0.262189	0.000000		91.03
91.04	09104	ICU OTHER	0	83,025	83,025	0.483264	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0				99.00
99.10	09910	CORF	0	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	4,513,028	4,513,028				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

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			Title XVIII			Hospital		PPS	
Cost Center Description			Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
			Inpatient	Outpatient	Total (col. 6 + col. 7)				
			6.00	7.00	8.00	9.00	10.00		
109.00	10900	PANCREAS ACQUISITION	0	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0				110.00
111.00	11100	LIVER ACQUISITION	0	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0				112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0				115.00
116.00	11600	HOSPICE	0	0	0				116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0				117.00
200.00		Subtotal (see instructions)	530,779,037	483,720,461	1,014,499,498				200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	530,779,037	483,720,461	1,014,499,498				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

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Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232075			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.586560			52.00
53.00	05300 ANESTHESIOLOGY	0.060149			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141567			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501 HYPERBARIC MEDICINE	0.000000			55.01
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.02	05602 MISC NURSING OP	0.560538			56.02
57.00	05700 CT SCAN	0.029308			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073069			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.140023			59.00
60.00	06000 LABORATORY	0.104915			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	0.119635			65.00
66.00	06600 PHYSICAL THERAPY	0.248768			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.176343			67.00
68.00	06800 SPEECH PATHOLOGY	0.307409			68.00
69.00	06900 ELECTROCARDIOLOGY	0.065368			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.217628			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.986587			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.643010			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144965			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETIC EDUCATION OP	3.134779			90.01
90.02	09003 HEART FAILURE CLINIC	12.252941			90.02
91.00	09100 EMERGENCY	0.307450			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.555410			91.02
91.03	09103 OP PSYCH	0.262189			91.03
91.04	09104 ICU OTHER	0.483264			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09950 OTHER REIMBURSABLE	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Hospital	PPS
Cost Center Description		PPS Inpatient Ratio		
		11.00		
111.00	11100	ISLET ACQUISITION		111.00
112.00	08600	OTHER ORGAN ACQUISITION		112.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)		115.00
116.00	11600	HOSPICE		116.00
117.00	06950	OTHER SPECIAL PURPOSE		117.00
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: 140185

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

Worksheet C
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		Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,908,546		60,908,546	0	60,908,546	30.00
31.00	03100	INTENSIVE CARE UNIT	10,010,417		10,010,417	0	10,010,417	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	3,288,359		3,288,359	0	3,288,359	43.00
44.00	04400	SKILLED NURSING FACILITY	8,587,751		8,587,751	0	8,587,751	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	26,079,183		26,079,183	0	26,079,183	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,189,517		5,189,517	0	5,189,517	52.00
53.00	05300	ANESTHESIOLOGY	1,126,571		1,126,571	0	1,126,571	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,969,074		9,969,074	0	9,969,074	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501	HYPERBARI C MEDICINE	0		0	0	0	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	56.00
56.02	05602	MISC NURSING OP	2,510,016		2,510,016	0	2,510,016	56.02
57.00	05700	CT SCAN	2,912,969		2,912,969	0	2,912,969	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,040,842		2,040,842	0	2,040,842	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,285,475		3,285,475	18,225	3,303,700	59.00
60.00	06000	LABORATORY	16,759,335		16,759,335	55,633	16,814,968	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	4,572,176	0	4,572,176	2,047	4,574,223	65.00
66.00	06600	PHYSICAL THERAPY	8,175,761	0	8,175,761	0	8,175,761	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,480,462	0	1,480,462	0	1,480,462	67.00
68.00	06800	SPEECH PATHOLOGY	837,117	0	837,117	0	837,117	68.00
69.00	06900	ELECTROCARDIOLOGY	3,601,088		3,601,088	0	3,601,088	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,143,901		2,143,901	4,413	2,148,314	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,980,313		11,980,313	0	11,980,313	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,904,122		9,904,122	0	9,904,122	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,131,315		16,131,315	0	16,131,315	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	76.00
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		0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	317,387		317,387	0	317,387	90.01
90.02	09003	HEART FAILURE CLINIC	210,383		210,383	0	210,383	90.02
91.00	09100	EMERGENCY	16,253,071		16,253,071	27,506	16,280,577	91.00
91.01	09101	PARAMEDICS	0		0	0	0	91.01
91.02	09102	OP TELEMETRY	206,688		206,688	0	206,688	91.02
91.03	09103	OP PSYCH	796,555		796,555	0	796,555	91.03
91.04	09104	ICU OTHER	40,123		40,123	0	40,123	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	09950	OTHER REIMBURSABLE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,090,625		3,090,625	0	3,090,625	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

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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	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0			109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			110.00
111.00	11100	LIVER ACQUISITION	0		0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0			112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0			117.00
200.00		Subtotal (see instructions)	232,409,142	0	232,409,142	107,824	232,516,966	200.00
201.00		Less Observation Beds	0		0			201.00
202.00		Total (see instructions)	232,409,142	0	232,409,142	107,824	232,516,966	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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			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	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	109,664,146		109,664,146				30.00
31.00	03100	INTENSIVE CARE UNIT	20,714,020		20,714,020				31.00
32.00	03200	CORONARY CARE UNIT	0		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0				34.00
40.00	04000	SUBPROVIDER - I/PF	0		0				40.00
41.00	04100	SUBPROVIDER - I/RF	0		0				41.00
42.00	04200	SUBPROVIDER	0		0				42.00
43.00	04300	NURSERY	5,245,149		5,245,149				43.00
44.00	04400	SKILLED NURSING FACILITY	5,758,827		5,758,827				44.00
45.00	04500	NURSING FACILITY	0		0				45.00
46.00	04600	OTHER LONG TERM CARE	0		0				46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,254,137	78,119,892	112,374,029	0.232075	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	6,930,317	1,917,063	8,847,380	0.586560	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	10,908,888	7,820,786	18,729,674	0.060149	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,615,639	53,803,942	70,419,581	0.141567	0.000000		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000		55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000		56.00
56.02	05602	MISC NURSING OP	0	4,477,871	4,477,871	0.560538	0.000000		56.02
57.00	05700	CT SCAN	25,396,296	73,995,044	99,391,340	0.029308	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,569,616	21,360,726	27,930,342	0.073069	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	16,067,132	7,526,893	23,594,025	0.139250	0.000000		59.00
60.00	06000	LABORATORY	76,954,715	83,317,137	160,271,852	0.104568	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	33,317,754	4,916,910	38,234,664	0.119582	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	11,619,616	21,245,428	32,865,044	0.248768	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	6,066,678	2,328,660	8,395,338	0.176343	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,724,354	998,783	2,723,137	0.307409	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	25,205,902	29,883,797	55,089,699	0.065368	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,225	9,254,278	9,871,503	0.217181	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,671,058	6,472,133	12,143,191	0.986587	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,474,985	4,927,768	15,402,753	0.643010	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,306,634	22,971,031	111,277,665	0.144965	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	0	101,247	101,247	3.134779	0.000000		90.01
90.02	09003	HEART FAILURE CLINIC	0	17,170	17,170	12.252941	0.000000		90.02
91.00	09100	EMERGENCY	12,695,949	40,257,617	52,953,566	0.306931	0.000000		91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	0	372,136	372,136	0.555410	0.000000		91.02
91.03	09103	OP PSYCH	0	3,038,096	3,038,096	0.262189	0.000000		91.03
91.04	09104	ICU OTHER	0	83,025	83,025	0.483264	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0	0	0.000000	0.000000		99.00
99.10	09910	CORF	0	0	0	0.000000	0.000000		99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	0.000000		100.00
101.00	10100	HOME HEALTH AGENCY	0	4,513,028	4,513,028				101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0	0				108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
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			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	
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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0			112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00	11600	HOSPICE	0	0	0			116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0			117.00
200.00		Subtotal (see instructions)	530,779,037	483,720,461	1,014,499,498			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	530,779,037	483,720,461	1,014,499,498			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

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Part I
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501 HYPERBARIC MEDICINE	0.000000			55.01
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.02	05602 MISC NURSING OP	0.000000			56.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
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 DIABETIC EDUCATION OP	0.000000			90.01
90.02	09003 HEART FAILURE CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.000000			91.02
91.03	09103 OP PSYCH	0.000000			91.03
91.04	09104 ICU OTHER	0.000000			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	05950 OTHER REIMBURSABLE	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
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Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
111.00	11100				111.00
112.00	08600				112.00
113.00	11300				113.00
114.00	11400				114.00
115.00	11500				115.00
116.00	11600				116.00
117.00	06950				117.00
200.00					200.00
201.00					201.00
202.00					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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		Title V		Hospital		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		60,908,546		60,908,546	30.00
31.00	03100 INTENSIVE CARE UNIT		10,010,417		10,010,417	31.00
32.00	03200 CORONARY CARE UNIT		0		0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	34.00
40.00	04000 SUBPROVIDER - I PF		0		0	40.00
41.00	04100 SUBPROVIDER - I RF		0		0	41.00
42.00	04200 SUBPROVIDER		0		0	42.00
43.00	04300 NURSERY		3,288,359		3,288,359	43.00
44.00	04400 SKILLED NURSING FACILITY		8,587,751		8,587,751	44.00
45.00	04500 NURSING FACILITY		0		0	45.00
46.00	04600 OTHER LONG TERM CARE		0		0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		26,079,183		26,079,183	50.00
51.00	05100 RECOVERY ROOM		0		0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		5,189,517		5,189,517	52.00
53.00	05300 ANESTHESIOLOGY		1,126,571		1,126,571	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,969,074		9,969,074	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	55.00
55.01	05501 HYPERBARI C MEDICINE		0		0	55.01
56.00	05600 RADIOISOTOPE		0		0	56.00
56.02	05602 MISC NURSING OP		2,510,016		2,510,016	56.02
57.00	05700 CT SCAN		2,912,969		2,912,969	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,040,842		2,040,842	58.00
59.00	05900 CARDIAC CATHETERIZATION		3,285,475	18,225	3,303,700	59.00
60.00	06000 LABORATORY		16,759,335	55,633	16,814,968	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	4,572,176	2,047	4,574,223	65.00
66.00	06600 PHYSICAL THERAPY	0	8,175,761		8,175,761	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,480,462		1,480,462	67.00
68.00	06800 SPEECH PATHOLOGY	0	837,117		837,117	68.00
69.00	06900 ELECTROCARDIOLOGY		3,601,088		3,601,088	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,143,901	4,413	2,148,314	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		11,980,313		11,980,313	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		9,904,122		9,904,122	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		16,131,315		16,131,315	73.00
74.00	07400 RENAL DIALYSIS		0		0	74.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	75.00
76.00	03020 OTHER ANCILLARY		0		0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	89.00
90.00	09000 CLINIC		0		0	90.00
90.01	09001 DIABETIC EDUCATION OP		317,387		317,387	90.01
90.02	09003 HEART FAILURE CLINIC		210,383		210,383	90.02
91.00	09100 EMERGENCY		16,253,071	27,506	16,280,577	91.00
91.01	09101 PARAMEDICS		0		0	91.01
91.02	09102 OP TELEMETRY		206,688		206,688	91.02
91.03	09103 OP PSYCH		796,555		796,555	91.03
91.04	09104 ICU OTHER		40,123		40,123	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		0		0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0		0	94.00
95.00	09500 AMBULANCE SERVICES		0		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0		0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0		0	97.00
98.00	09950 OTHER REIMBURSABLE		0		0	98.00
99.00	09900 CMHC		0		0	99.00
99.10	09910 CORF		0		0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0		0	100.00
101.00	10100 HOME HEALTH AGENCY		3,090,625		3,090,625	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0		0	105.00
106.00	10600 HEART ACQUISITION		0		0	106.00
107.00	10700 LIVER ACQUISITION		0		0	107.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description			Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
					Total Costs	RCE Disallowance	Total Costs	
			1.00	2.00	3.00	4.00	5.00	
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0			109.00
110.00	11000	INTESTINAL ACQUISITION	0		0			110.00
111.00	11100	LIVER ACQUISITION	0		0			111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0			112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0			115.00
116.00	11600	HOSPICE	0		0			116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0			117.00
200.00		Subtotal (see instructions)	232,409,142	0	232,409,142	107,824	232,516,966	200.00
201.00		Less Observation Beds	0		0			201.00
202.00		Total (see instructions)	232,409,142	0	232,409,142	107,824	232,516,966	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

		Title V			Hospital		
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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	109,664,146		109,664,146		30.00
31.00	03100	INTENSIVE CARE UNIT	20,714,020		20,714,020		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	5,245,149		5,245,149		43.00
44.00	04400	SKILLED NURSING FACILITY	5,758,827		5,758,827		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,254,137	78,119,892	112,374,029	0.232075	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,930,317	1,917,063	8,847,380	0.586560	52.00
53.00	05300	ANESTHESIOLOGY	10,908,888	7,820,786	18,729,674	0.060149	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,615,639	53,803,942	70,419,581	0.141567	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	56.00
56.02	05602	MISC NURSING OP	0	4,477,871	4,477,871	0.560538	56.02
57.00	05700	CT SCAN	25,396,296	73,995,044	99,391,340	0.029308	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,569,616	21,360,726	27,930,342	0.073069	58.00
59.00	05900	CARDIAC CATHETERIZATION	16,067,132	7,526,893	23,594,025	0.139250	59.00
60.00	06000	LABORATORY	76,954,715	83,317,137	160,271,852	0.104568	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	33,317,754	4,916,910	38,234,664	0.119582	65.00
66.00	06600	PHYSICAL THERAPY	11,619,616	21,245,428	32,865,044	0.248768	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,066,678	2,328,660	8,395,338	0.176343	67.00
68.00	06800	SPEECH PATHOLOGY	1,724,354	998,783	2,723,137	0.307409	68.00
69.00	06900	ELECTROCARDIOLOGY	25,205,902	29,883,797	55,089,699	0.065368	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	617,225	9,254,278	9,871,503	0.217181	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,671,058	6,472,133	12,143,191	0.986587	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,474,985	4,927,768	15,402,753	0.643010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	88,306,634	22,971,031	111,277,665	0.144965	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	0	101,247	101,247	3.134779	90.01
90.02	09003	HEART FAILURE CLINIC	0	17,170	17,170	12.252941	90.02
91.00	09100	EMERGENCY	12,695,949	40,257,617	52,953,566	0.306931	91.00
91.01	09101	PARAMEDICS	0	0	0	0.000000	91.01
91.02	09102	OP TELEMETRY	0	372,136	372,136	0.555410	91.02
91.03	09103	OP PSYCH	0	3,038,096	3,038,096	0.262189	91.03
91.04	09104	ICU OTHER	0	83,025	83,025	0.483264	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0.000000	98.00
99.00	09900	CMHC	0	0	0	0.000000	99.00
99.10	09910	CORF	0	0	0	0.000000	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0.000000	100.00
101.00	10100	HOME HEALTH AGENCY	0	4,513,028	4,513,028		101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0		105.00
106.00	10600	HEART ACQUISITION	0	0	0		106.00
107.00	10700	LIVER ACQUISITION	0	0	0		107.00
108.00	10800	LUNG ACQUISITION	0	0	0		108.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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			Title V			Hospital	
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
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
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0		112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00	11600	HOSPICE	0	0	0		116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0		117.00
200.00		Subtotal (see instructions)	530,779,037	483,720,461	1,014,499,498		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	530,779,037	483,720,461	1,014,499,498		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		PPS Inpatient Ratio	Title V	Hospital	
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
55.01	05501 HYPERBARIC MEDICINE	0.000000			55.01
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.02	05602 MISC NURSING OP	0.000000			56.02
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
76.00	03020 OTHER ANCILLARY	0.000000			76.00
OUTPATIENT SERVICE COST CENTERS					
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 DIABETIC EDUCATION OP	0.000000			90.01
90.02	09003 HEART FAILURE CLINIC	0.000000			90.02
91.00	09100 EMERGENCY	0.000000			91.00
91.01	09101 PARAMEDICS	0.000000			91.01
91.02	09102 OP TELEMETRY	0.000000			91.02
91.03	09103 OP PSYCH	0.000000			91.03
91.04	09104 ICU OTHER	0.000000			91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000			94.00
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000			96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000			97.00
98.00	09950 OTHER REIMBURSABLE	0.000000			98.00
99.00	09900 CMHC				99.00
99.10	09910 CORF				99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM				100.00
101.00	10100 HOME HEALTH AGENCY				101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION				105.00
106.00	10600 HEART ACQUISITION				106.00
107.00	10700 LIVER ACQUISITION				107.00
108.00	10800 LUNG ACQUISITION				108.00
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		PPS Inpatient Ratio	Title V	Hospital
		11.00		
111.00	11100			111.00
112.00	08600			112.00
113.00	11300			113.00
114.00	11400			114.00
115.00	11500			115.00
116.00	11600			116.00
117.00	06950			117.00
200.00				200.00
201.00				201.00
202.00				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140185

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		Title XVIII			Hospital	PPS	
		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	4,006,819	0	4,006,819	59,981	66.80	30.00
31.00	INTENSIVE CARE UNIT	683,822		683,822	4,805	142.31	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	123,877		123,877	3,667	33.78	43.00
44.00	SKILLED NURSING FACILITY	713,332		713,332	21,694	32.88	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	5,527,850		5,527,850	90,147		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	29,767	1,988,436				
31.00	INTENSIVE CARE UNIT	2,653	377,548				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	15,359	505,004				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	47,779	2,870,988				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part II Date/Time Prepared: 5/28/2014 4:23 pm			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,121,693	112,374,029	0.027779	15,128,385	420,251	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	347,050	8,847,380	0.039226	34,665	1,360	52.00
53.00	05300	ANESTHESIOLOGY	152,593	18,729,674	0.008147	2,795,472	22,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,762,938	70,419,581	0.025035	8,612,385	215,611	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0.000000	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602	MISC NURSING OP	164,852	4,477,871	0.036815	0	0	56.02
57.00	05700	CT SCAN	590,606	99,391,340	0.005942	14,796,605	87,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	825,975	27,930,342	0.029573	2,866,581	84,773	58.00
59.00	05900	CARDIAC CATHETERIZATION	685,496	23,594,025	0.029054	6,004,341	174,450	59.00
60.00	06000	LABORATORY	1,016,920	160,271,852	0.006345	38,429,283	243,834	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	229,118	38,234,664	0.005992	18,986,032	113,764	65.00
66.00	06600	PHYSICAL THERAPY	420,813	32,865,044	0.012804	3,086,094	39,514	66.00
67.00	06700	OCCUPATIONAL THERAPY	64,038	8,395,338	0.007628	527,395	4,023	67.00
68.00	06800	SPEECH PATHOLOGY	45,701	2,723,137	0.016782	436,012	7,317	68.00
69.00	06900	ELECTROCARDIOLOGY	431,162	55,089,699	0.007827	13,156,373	102,975	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	230,026	9,871,503	0.023302	371,210	8,650	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	396,888	12,143,191	0.032684	2,471,353	80,774	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	45,956	15,402,753	0.002984	6,140,377	18,323	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	713,145	111,277,665	0.006409	40,015,336	256,458	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	24,021	101,247	0.237251	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	41,502	17,170	2.417123	0	0	90.02
91.00	09100	EMERGENCY	1,091,519	52,953,566	0.020613	6,428,271	132,506	91.00
91.01	09101	PARAMEDICS	0	0	0.000000	0	0	91.01
91.02	09102	OP TELEMETRY	13,597	372,136	0.036538	0	0	91.02
91.03	09103	OP PSYCH	75,825	3,038,096	0.024958	0	0	91.03
91.04	09104	ICU OTHER	2,741	83,025	0.033014	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09800	OTHER REIMBURSABLE	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	12,494,175	868,604,328		180,286,170	2,015,279	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 4:23 pm
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
	6.00	7.00	8.00	9.00	11.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	59,981	0.00	29,767	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,805	0.00	2,653	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	3,667	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	21,694	0.00	15,359	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	90,147		47,779	0	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
	12.00	13.00	

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
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Cost Center Description	Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	0	0	0	0	0	56.02
57.00 05700 CT SCAN	0	0	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY								61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	0	0	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	0	0	0	0	0	0	0	90.02
91.00 09100 EMERGENCY	0	0	0	0	0	0	0	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	0	0	0	0	0	0	0	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES								95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0	0	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	112,374,029	0.000000	0.000000	15,128,385	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,847,380	0.000000	0.000000	34,665	52.00
53.00	05300 ANESTHESIOLOGY	0	18,729,674	0.000000	0.000000	2,795,472	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	70,419,581	0.000000	0.000000	8,612,385	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602 MISC NURSING OP	0	4,477,871	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	99,391,340	0.000000	0.000000	14,796,605	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27,930,342	0.000000	0.000000	2,866,581	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,594,025	0.000000	0.000000	6,004,341	59.00
60.00	06000 LABORATORY	0	160,271,852	0.000000	0.000000	38,429,283	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	38,234,664	0.000000	0.000000	18,986,032	65.00
66.00	06600 PHYSICAL THERAPY	0	32,865,044	0.000000	0.000000	3,086,094	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,395,338	0.000000	0.000000	527,395	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,723,137	0.000000	0.000000	436,012	68.00
69.00	06900 ELECTROCARDIOLOGY	0	55,089,699	0.000000	0.000000	13,156,373	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,871,503	0.000000	0.000000	371,210	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,143,191	0.000000	0.000000	2,471,353	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	15,402,753	0.000000	0.000000	6,140,377	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	111,277,665	0.000000	0.000000	40,015,336	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	101,247	0.000000	0.000000	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	17,170	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	52,953,566	0.000000	0.000000	6,428,271	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	09102 OP TELEMETRY	0	372,136	0.000000	0.000000	0	91.02
91.03	09103 OP PSYCH	0	3,038,096	0.000000	0.000000	0	91.03
91.04	09104 ICU OTHER	0	83,025	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	868,604,328			180,286,170	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	21.00	22.00	
50.00	05000 OPERATING ROOM	0	21,523,513	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	1,580,574	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,785,879	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	1,332,535	0	0	0	56.02
57.00	05700 CT SCAN	0	18,669,037	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	6,124,881	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,950,904	0	0	0	59.00
60.00	06000 LABORATORY	0	1,965,018	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	1,425,540	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	615,021	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	230	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,649,618	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,116,136	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	2,040,730	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,366,787	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
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 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	6,508,315	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	41,454	0	0	0	91.02
91.03	09103 OP PSYCH	0	2,965,521	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	102,661,693	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01	05501	HYPERBARIC MEDICINE	0	0		55.01
56.00	05600	RADIOISOTOPE	0	0		56.00
56.02	05602	MISC NURSING OP	0	0		56.02
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		75.00
76.00	03020	OTHER ANCILLARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	0		90.00
90.01	09001	DIABETIC EDUCATION OP	0	0		90.01
90.02	09003	HEART FAILURE CLINIC	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
91.01	09101	PARAMEDICS	0	0		91.01
91.02	09102	OP TELEMETRY	0	0		91.02
91.03	09103	OP PSYCH	0	0		91.03
91.04	09104	ICU OTHER	0	0		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400	HOME PROGRAM DIALYSIS	0	0		94.00
95.00	09500	AMBULANCE SERVICES	0	0		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00	05950	OTHER REIMBURSABLE	0	0		98.00
200.00		Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.232075	21,523,513	0	0	4,995,069	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.586560	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.060149	1,580,574	0	0	95,070	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.141567	14,785,879	0	0	2,093,193	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.560538	1,332,535	0	0	746,937	56.02
57.00 05700 CT SCAN	0.029308	18,669,037	0	0	547,152	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073069	6,124,881	0	0	447,539	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.139250	1,950,904	0	0	271,663	59.00
60.00 06000 LABORATORY	0.104568	1,965,018	192	0	205,478	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.119582	1,425,540	0	0	170,469	65.00
66.00 06600 PHYSICAL THERAPY	0.248768	615,021	0	0	152,998	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.176343	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.307409	230	0	0	71	68.00
69.00 06900 ELECTROCARDIOLOGY	0.065368	11,649,618	0	0	761,512	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.217181	2,116,136	0	0	459,585	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.986587	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.643010	2,040,730	0	0	1,312,210	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.144965	7,366,787	264	81,549	1,067,926	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	3.134779	0	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	12.252941	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.306931	6,508,315	0	0	1,997,604	91.00
91.01 09101 PARAMEDICS	0.000000	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0.555410	41,454	0	0	23,024	91.02
91.03 09103 OP PSYCH	0.262189	2,965,521	0	0	777,527	91.03
91.04 09104 ICU OTHER	0.483264	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)	102,661,693	456	81,549	16,125,027	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	102,661,693	456	81,549	16,125,027	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII	Hospital	PPS	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	56.02
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	20	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	38	11,822	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	90.02
91.00	09100	EMERGENCY	0	0	91.00
91.01	09101	PARAMEDICS	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	91.02
91.03	09103	OP PSYCH	0	0	91.03
91.04	09104	ICU OTHER	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	98.00
200.00		Subtotal (see instructions)	58	11,822	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	58	11,822	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISCELLANEOUS NURSING OP	0	0	0	0	0	56.02
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 STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
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 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	112,374,029	0.000000	0.000000	714	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,847,380	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	18,729,674	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	70,419,581	0.000000	0.000000	187,701	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0	55.01
56.00	05600 RADIO SOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602 MISC NURSING OP	0	4,477,871	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	99,391,340	0.000000	0.000000	58,212	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	27,930,342	0.000000	0.000000	32,297	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,594,025	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	160,271,852	0.000000	0.000000	1,808,137	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	38,234,664	0.000000	0.000000	1,113,219	65.00
66.00	06600 PHYSICAL THERAPY	0	32,865,044	0.000000	0.000000	4,976,945	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,395,338	0.000000	0.000000	3,994,340	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,723,137	0.000000	0.000000	844,590	68.00
69.00	06900 ELECTROCARDIOLOGY	0	55,089,699	0.000000	0.000000	127,007	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	9,871,503	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,143,191	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	15,402,753	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	111,277,665	0.000000	0.000000	5,405,344	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	101,247	0.000000	0.000000	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	17,170	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	52,953,566	0.000000	0.000000	0	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	09102 OP TELEMETRY	0	372,136	0.000000	0.000000	0	91.02
91.03	09103 OP PSYCH	0	3,038,096	0.000000	0.000000	0	91.03
91.04	09104 ICU OTHER	0	83,025	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	868,604,328			18,548,506	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
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 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	56.02
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	0	0	90.02
91.00 09100 EMERGENCY	0	0	91.00
91.01 09101 PARAMEDICS	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	91.02
91.03 09103 OP PSYCH	0	0	91.03
91.04 09104 ICU OTHER	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00 09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00 09500 AMBULANCE SERVICES			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0	0	98.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.232075	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.586560	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.060149	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.141567	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.560538	0	0	0	0	56.02
57.00 05700 CT SCAN	0.029308	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073069	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.139250	0	0	0	0	59.00
60.00 06000 LABORATORY	0.104568	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.119582	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.248768	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.176343	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.307409	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.065368	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.217181	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.986587	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.643010	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.144965	0	4,949	2,464	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	3.134779	0	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	12.252941	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.306931	0	0	0	0	91.00
91.01 09101 PARAMEDICS	0.000000	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0.555410	0	0	0	0	91.02
91.03 09103 OP PSYCH	0.262189	0	0	0	0	91.03
91.04 09104 ICU OTHER	0.483264	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)	0	4,949	2,464	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	4,949	2,464	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:23 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 HYPERBARIC MEDICINE	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISC NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	717	357		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09003 HEART FAILURE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE	0	0		98.00
200.00 Subtotal (see instructions)	717	357		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	717	357		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2014 4:23 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		59,981	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		59,981	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.		1,388	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		58,593	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)		29,767	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)		671	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		60,908,546	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)		60,908,546	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		109,664,146	28.00
29.00	Private room charges (excluding swing-bed charges)		2,452,596	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		107,211,550	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.555410	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,767.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,829.77	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)		60,908,546	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,015.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		30,227,198	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)		30,227,198	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:23 pm		
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	10,010,417	4,805	2,083.33	2,653	5,527,074	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)					28,804,966	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					64,559,238	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)					2,365,984	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,015,279	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,381,263	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					60,177,975	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:23 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,006,819	60,908,546	0.065784	0	0	90.00
91.00	Nursing School cost	0	60,908,546	0.000000	0	0	91.00
92.00	Allied health cost	0	60,908,546	0.000000	0	0	92.00
93.00	All other Medical Education	0	60,908,546	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 145102		Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,694	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,694	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.		1,163	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,531	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,359	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,587,751	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)		8,587,751	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		5,758,827	28.00
29.00	Private room charges (excluding swing-bed charges)		285,814	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,473,013	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.491233	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		245.76	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		266.57	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)		8,587,751	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 145102				Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
	Cost Center Description						
							1.00
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						49.00
	PASS THROUGH COST ADJUSTMENTS						
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						53.00
	TARGET AMOUNT AND LIMIT COMPUTATION						
54.00	Program discharges						54.00
55.00	Target amount per discharge						55.00
56.00	Target amount (line 54 x line 55)						56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						57.00
58.00	Bonus payment (see instructions)						58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						61.00
62.00	Relief payment (see instructions)						62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						8,587,751 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						395.86 71.00
72.00	Program routine service cost (line 9 x line 71)						6,080,014 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						6,080,014 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)						0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						0 80.00
81.00	Inpatient routine service cost per diem limitation						0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)						6,080,014 83.00
84.00	Program inpatient ancillary services (see instructions)						3,347,000 84.00
85.00	Utilization review - physician compensation (see instructions)						0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						9,427,014 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00	Total observation bed days (see instructions)						0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 4:23 pm	
Cost Center Description		Title XVIII	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		54,779,226	30.00
31.00	03100	INTENSIVE CARE UNIT		11,854,286	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.232075	15,128,385	3,510,920 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.586560	34,665	20,333 52.00
53.00	05300	ANESTHESIOLOGY	0.060149	2,795,472	168,145 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141567	8,612,385	1,219,230 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.560538	0	0 56.02
57.00	05700	CT SCAN	0.029308	14,796,605	433,659 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073069	2,866,581	209,458 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.140023	6,004,341	840,746 59.00
60.00	06000	LABORATORY	0.104915	38,429,283	4,031,808 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.119635	18,986,032	2,271,394 65.00
66.00	06600	PHYSICAL THERAPY	0.248768	3,086,094	767,721 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.176343	527,395	93,002 67.00
68.00	06800	SPEECH PATHOLOGY	0.307409	436,012	134,034 68.00
69.00	06900	ELECTROCARDIOLOGY	0.065368	13,156,373	860,006 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.217628	371,210	80,786 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.986587	2,471,353	2,438,205 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.643010	6,140,377	3,948,324 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144965	40,015,336	5,800,823 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	3.134779	0	0 90.01
90.02	09003	HEART FAILURE CLINIC	12.252941	0	0 90.02
91.00	09100	EMERGENCY	0.307450	6,428,271	1,976,372 91.00
91.01	09101	PARAMEDICS	0.000000	0	0 91.01
91.02	09102	OP TELEMTRY	0.555410	0	0 91.02
91.03	09103	OP PSYCH	0.262189	0	0 91.03
91.04	09104	ICU OTHER	0.483264	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
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
98.00	05950	OTHER REIMBURSABLE	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		180,286,170	28,804,966 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		180,286,170	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 145102		Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		4,099,097		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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.232075	714	166	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.586560	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.060149	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.141567	187,701	26,572	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 HYPERBARIIC MEDICINE	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	0.000000	0	0	56.00
56.02	05602 MISC NURSING OP	0.560538	0	0	56.02
57.00	05700 CT SCAN	0.029308	58,212	1,706	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.073069	32,297	2,360	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.139250	0	0	59.00
60.00	06000 LABORATORY	0.104568	1,808,137	189,073	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.119582	1,113,219	133,121	65.00
66.00	06600 PHYSICAL THERAPY	0.248768	4,976,945	1,238,105	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.176343	3,994,340	704,374	67.00
68.00	06800 SPEECH PATHOLOGY	0.307409	844,590	259,635	68.00
69.00	06900 ELECTROCARDIOLOGY	0.065368	127,007	8,302	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.217181	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.986587	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.643010	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.144965	5,405,344	783,586	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	3.134779	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	12.252941	0	0	90.02
91.00	09100 EMERGENCY	0.306931	0	0	91.00
91.01	09101 PARAMEDICS	0.000000	0	0	91.01
91.02	09102 OP TELEMETRY	0.555410	0	0	91.02
91.03	09103 OP PSYCH	0.262189	0	0	91.03
91.04	09104 ICU OTHER	0.483264	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
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
98.00	05950 OTHER REIMBURSABLE	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		18,548,506	3,347,000	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		18,548,506		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Title XIX	Hospital	Date/Time Prepared: 5/28/2014 4:23 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,030,961	30.00
31.00	03100	INTENSIVE CARE UNIT		1,871,750	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		3,044,332	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.232075	2,946,544	683,819 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.586560	4,025,048	2,360,932 52.00
53.00	05300	ANESTHESIOLOGY	0.060149	3,376,632	203,101 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.141567	1,836,835	260,035 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.560538	0	0 56.02
57.00	05700	CT SCAN	0.029308	3,064,858	89,825 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.073069	824,387	60,237 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.139250	1,230,495	171,346 59.00
60.00	06000	LABORATORY	0.104568	9,103,893	951,976 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.119582	2,965,524	354,623 65.00
66.00	06600	PHYSICAL THERAPY	0.248768	245,304	61,024 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.176343	41,235	7,272 67.00
68.00	06800	SPEECH PATHOLOGY	0.307409	46,456	14,281 68.00
69.00	06900	ELECTROCARDIOLOGY	0.065368	2,270,226	148,400 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.217181	33,722	7,324 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.986587	308,286	304,151 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.643010	397,635	255,683 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.144965	10,166,302	1,473,758 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
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	0.000000	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	3.134779	0	0 90.01
90.02	09003	HEART FAILURE CLINIC	12.252941	0	0 90.02
91.00	09100	EMERGENCY	0.306931	1,327,661	407,500 91.00
91.01	09101	PARAMEDICS	0.000000	0	0 91.01
91.02	09102	OP TELEMETRY	0.555410	0	0 91.02
91.03	09103	OP PSYCH	0.262189	0	0 91.03
91.04	09104	ICU OTHER	0.483264	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
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
98.00	05950	OTHER REIMBURSABLE	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		44,211,043	7,815,287 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		44,211,043	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVII	Hospital	PPS
		0	1.00	2.00
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		39,302,973	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		12,064,215	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)		1,098,988	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		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		316.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment factor. (see instructions)		0.000000	27.00
28.00	IME add-on adjustment amount (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.73	30.00
31.00	Percentage of Medicaid patient days (see instructions)		15.09	31.00
32.00	Sum of lines 30 and 31		20.82	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.39	33.00
34.00	Disproportionate share adjustment (see instructions)		2,704,186	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			9,046,380,143	35.00
35.01	Factor 3 (see instructions)			0.000389929	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			3,527,442	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			889,109	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		889,109		36.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 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)		56,059,471		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)		56,059,471		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,318,047		50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)			0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).			0	52.00
53.00	Nursing and Allied Health Managed Care payment			0	53.00
54.00	Special add-on payments for new technologies			0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)			0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)			0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		60,377,518		59.00
60.00	Primary payer payments		52,700		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		60,324,818		61.00
62.00	Deductibles billed to program beneficiaries		5,346,932		62.00
63.00	Coinurance billed to program beneficiaries		245,018		63.00
64.00	Allowable bad debts (see instructions)		1,467,850		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		954,103		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,296,567		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		55,686,971		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 FROM PSR		-13,876		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		7,087		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-115,462		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: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		55,564,720		71.00
71.01	Sequestration adjustment (see instructions)		839,027		71.01
72.00	Interim payments		54,802,264		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		-76,571		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		321,000		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140185		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH	
		Title XVIII		Hospital		Date/Time Prepared: 5/28/2014 4:23 pm	
		Original .mcrx Values		Adjusted .mcax Values		HFS Look Up	
		1.00		2.00		3.00	
				Override Value		Revised Value	
				4.00		5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	5.73	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	15.09	0.00			15.09	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	20.82	0.00			15.09	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	316.00	0.00			316.00	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	6.39	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	5.73	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	10,400	0			10,400	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	0	0			0	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	0	0			0	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	10,400	0			10,400	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	68,453	0			68,453	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	489	0			489	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	68,942	0			68,942	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	15.09	0.00			15.09	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140185		Period: From 01/01/2013 To 12/31/2013		Worksheet DSH Date/Time Prepared: 5/28/2014 4:23 pm	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	6.39		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	True	29.00
30.00	Line 28 or 29 as applicable		6.39		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		6.39		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet DSH Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Hospital	PPS

		Revised		
		Percentage		
		6.00		
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE				
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	2.56		29.00
30.00	Line 28 or 29 as applicable	2.56		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		11,880	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		16,125,027	2.00
3.00	PPS payments		18,196,364	3.00
4.00	Outlier payment (see instructions)		29,307	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.892	5.00
6.00	Line 2 times line 5		14,383,524	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)		11,880	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		82,005	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)		82,005	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		82,005	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		70,125	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)		11,880	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		18,225,671	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,273,200	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		13,964,351	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		13,964,351	30.00
31.00	Primary payer payments		11,689	31.00
32.00	Subtotal (line 30 minus line 31)		13,952,662	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		1,229,967	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		799,479	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		1,148,881	36.00
37.00	Subtotal (see instructions)		14,752,141	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)		14,752,141	40.00
40.01	Sequestration adjustment (see instructions)		222,757	40.01
41.00	Interim payments		14,192,988	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		336,396	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,074	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,074	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		7,413	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)		7,413	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a 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)		7,413	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		6,339	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		1,074	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
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		990	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		84	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)		84	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		84	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (see instructions)		84	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		84	40.00
40.01	Sequestration adjustment (see instructions)		1	40.01
41.00	Interim payments		485	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		-402	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			94.00
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0
				112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140185

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		54,614,774		14,192,988	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/16/2013	187,490		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)		187,490		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)		54,802,264		14,192,988	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		336,396	6.01	
6.02	SETTLEMENT TO PROGRAM		76,571		0	6.02	
7.00	Total Medicare program liability (see instructions)		54,725,693		14,529,384	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: 140185
Component CCN: 145102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Title XVIII

Skilled Nursing
Facility

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		5,386,734		485	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		5,386,734		485	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		35,719		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		402	6.02
7.00	Total Medicare program liability (see instructions)		5,422,453		83	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140185

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

Worksheet E-1
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			15,371 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			32,420 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			6,921 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			64,786 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,014,499,498 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			14,136,764 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)			2,237,387 8.00
9.00	Sequestration adjustment amount (see instructions)			44,748 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			2,192,639 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			2,192,639 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VI Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		6,345,026	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		6,345,026	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		863,876	7.00
8.00	Allowable bad debts (see instructions)		49,964	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		21,483	9.00
10.00	Adjusted reimbursable bad debts (see instructions)		37,418	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		5,518,568	12.00
13.00	Inpatient primary payer payments		12,981	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		5,505,587	15.00
15.01	Sequestration adjustment (see instructions)		83,134	15.01
16.00	Interim payments		5,386,734	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program line 15 minus 15.01, 16 and 17		35,719	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140185

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

Worksheet G

Date/Time Prepared:
5/28/2014 4:23 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	8,619,293	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	57,242,720	0	0	0	4.00
5.00	Other receivable	565,696	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-10,357,989	0	0	0	6.00
7.00	Inventory	2,882,714	0	0	0	7.00
8.00	Prepaid expenses	3,405,134	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	62,357,568	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,486,451	0	0	0	12.00
13.00	Land improvements	5,097,425	0	0	0	13.00
14.00	Accumulated depreciation	-3,780,981	0	0	0	14.00
15.00	Buildings	37,078,133	0	0	0	15.00
16.00	Accumulated depreciation	-29,561,463	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	68,682,636	0	0	0	19.00
20.00	Accumulated depreciation	-40,286,378	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	117,159,629	0	0	0	23.00
24.00	Accumulated depreciation	-88,086,067	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)	67,789,385	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	35,271,738	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	16,808,256	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	52,079,994	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	182,226,947	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,591,991	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,445,159	0	0	0	38.00
39.00	Payroll taxes payable	69,332	0	0	0	39.00
40.00	Notes and loans payable (short term)	306,979	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	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	26,413,461	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	49,650,574	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	49,650,574	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	76,064,035	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	106,162,912				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)	106,162,912	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	182,226,947	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140185

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

Worksheet G-1

Date/Time Prepared:
5/28/2014 4:23 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		143,665,345		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,090,441				2.00
3.00	Total (sum of line 1 and line 2)		144,755,786		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		144,755,786		0		11.00
12.00	TRANSFER TO AFFILIATE	38,592,874		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		38,592,874		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		106,162,912		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	TRANSFER TO AFFILIATE		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: 140185

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,664,146		109,664,146	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	5,758,827		5,758,827	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	115,422,973		115,422,973	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	20,714,020		20,714,020	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,714,020		20,714,020	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	136,136,993		136,136,993	17.00
18.00	Ancillary services	382,080,654	439,310,074	821,390,728	18.00
19.00	Outpatient services	12,695,949	40,257,617	52,953,566	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		4,413,061	4,413,061	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	530,913,596	483,980,752	1,014,894,348	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		257,703,972		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)		257,703,972		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140185

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

Worksheet G-3

Date/Time Prepared:
5/28/2014 4:23 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,014,894,348	1.00
2.00	Less contractual allowances and discounts on patients' accounts	761,550,243	2.00
3.00	Net patient revenues (line 1 minus line 2)	253,344,105	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	257,703,972	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,359,867	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	151,263	6.00
7.00	Income from investments	2,091,411	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	487,045	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	706,264	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	34,095	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	917,788	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISC REVENUE	1,062,442	24.00
25.00	Total other income (sum of lines 6-24)	5,450,308	25.00
26.00	Total (line 5 plus line 25)	1,090,441	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)	1,090,441	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140185

Period: From 01/01/2013

Worksheet H

HHA CCN: 147443

To 12/31/2013

Date/Time Prepared: 5/28/2014 4:23 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	311,723	0	0	10,347	322,070	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	879,945	0	42,258	1,343	923,546	6.00
7.00	Physical Therapy	356,170	0	33,607	0	389,777	7.00
8.00	Occupational Therapy	29,048	0	1,029	0	30,077	8.00
9.00	Speech Pathology	1,278	0	52	0	1,330	9.00
10.00	Medical Social Services	5,012	0	310	0	5,322	10.00
11.00	Home Health Aide	5,709	0	457	0	6,166	11.00
12.00	Supplies (see instructions)	0	0	0	20,772	20,772	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,588,885	0	77,713	1,343	31,119	1,699,060
	Reclassified	Reclassified Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	0	322,070	0	322,070		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	923,546	0	923,546		6.00
7.00	Physical Therapy	0	389,777	0	389,777		7.00
8.00	Occupational Therapy	0	30,077	0	30,077		8.00
9.00	Speech Pathology	0	1,330	0	1,330		9.00
10.00	Medical Social Services	0	5,322	0	5,322		10.00
11.00	Home Health Aide	0	6,166	0	6,166		11.00
12.00	Supplies (see instructions)	0	20,772	0	20,772		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	0	1,699,060	0	1,699,060		24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.
5/28/2014 4:23 pm I:\SANDY_VAL\HFSWIN\HFSWIN13\Hosp2013A.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/28/2014 4:23 pm
		HHA CCN: 147443	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	322,070	0	0	0	322,070	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	923,546	0	0	0	923,546	6.00	
7.00	Physical Therapy	389,777	0	0	0	389,777	7.00	
8.00	Occupational Therapy	30,077	0	0	0	30,077	8.00	
9.00	Speech Pathology	1,330	0	0	0	1,330	9.00	
10.00	Medical Social Services	5,322	0	0	0	5,322	10.00	
11.00	Home Health Aide	6,166	0	0	0	6,166	11.00	
12.00	Supplies (see instructions)	20,772	0	0	0	20,772	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,699,060	0	0	0	1,699,060	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	322,070					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	216,012	1,139,558				6.00	
7.00	Physical Therapy	91,167	480,944				7.00	
8.00	Occupational Therapy	7,035	37,112				8.00	
9.00	Speech Pathology	311	1,641				9.00	
10.00	Medical Social Services	1,245	6,567				10.00	
11.00	Home Health Aide	1,442	7,608				11.00	
12.00	Supplies (see instructions)	4,858	25,630				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,699,060				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-322,070	1,376,990
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	923,546
7.00	Physical Therapy	0	0	0	0	0	389,777
8.00	Occupational Therapy	0	0	0	0	0	30,077
9.00	Speech Pathology	0	0	0	0	0	1,330
10.00	Medical Social Services	0	0	0	0	0	5,322
11.00	Home Health Aide	0	0	0	0	0	6,166
12.00	Supplies (see instructions)	0	0	0	0	0	20,772
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-322,070	1,376,990
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		322,070
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.233894

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

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

Worksheet H-2 Part I

HHA CCN: 147443

Date/Time Prepared: 5/28/2014 4:23 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
	0				4.00	5.01	
1.00 Administrative and General	0	29,296	0	3,457	133,937	8,668	1.00
2.00 Skilled Nursing Care	1,139,558	0	0	0	378,084	0	2.00
3.00 Physical Therapy	480,944	0	0	0	153,034	0	3.00
4.00 Occupational Therapy	37,112	0	0	0	12,481	0	4.00
5.00 Speech Pathology	1,641	0	0	0	549	0	5.00
6.00 Medical Social Services	6,567	0	0	0	2,153	0	6.00
7.00 Home Health Aide	7,608	0	0	0	2,453	0	7.00
8.00 Supplies (see instructions)	25,630	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,699,060	29,296	0	3,457	682,691	8,668	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	179,160	1,349	0	20,071	375,938	47,949	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,517,642	193,568	2.00
3.00 Physical Therapy	0	0	0	0	633,978	80,861	3.00
4.00 Occupational Therapy	0	0	0	0	49,593	6,325	4.00
5.00 Speech Pathology	0	0	0	0	2,190	279	5.00
6.00 Medical Social Services	0	0	0	0	8,720	1,112	6.00
7.00 Home Health Aide	0	0	0	0	10,061	1,283	7.00
8.00 Supplies (see instructions)	0	0	0	0	25,630	3,269	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	179,160	1,349	0	20,071	2,623,752	334,646	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-2
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Home Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.00	7.01	8.00	9.00	9.01	10.00	
1.00	Administrative and General	69,847	0	0	9,637	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	69,847	0	0	9,637	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	31,010	0	349	61	21,323	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	31,010	0	349	61	21,323	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

From 01/01/2013
To 12/31/2013

Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Home Health
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	556,114	0	556,114				1.00
2.00 Skilled Nursing Care	1,711,210	0	1,711,210	375,468	2,086,678		2.00
3.00 Physical Therapy	714,839	0	714,839	156,848	871,687		3.00
4.00 Occupational Therapy	55,918	0	55,918	12,269	68,187		4.00
5.00 Speech Pathology	2,469	0	2,469	542	3,011		5.00
6.00 Medical Social Services	9,832	0	9,832	2,157	11,989		6.00
7.00 Home Health Aide	11,344	0	11,344	2,489	13,833		7.00
8.00 Supplies (see instructions)	28,899	0	28,899	6,341	35,240		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,090,625	0	3,090,625	556,114	3,090,625		20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.219417			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/28/2014 4:23 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	1,760	0	3,444	311,723	20	176	1.00
2.00 Skilled Nursing Care	0	0	0	879,945	0	0	2.00
3.00 Physical Therapy	0	0	0	356,170	0	0	3.00
4.00 Occupational Therapy	0	0	0	29,048	0	0	4.00
5.00 Speech Pathology	0	0	0	1,278	0	0	5.00
6.00 Medical Social Services	0	0	0	5,012	0	0	6.00
7.00 Home Health Aide	0	0	0	5,709	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,760	0	3,444	1,588,885	20	176	20.00
21.00 Total cost to be allocated	29,296	0	3,457	682,691	8,668	179,160	21.00
22.00 Unit cost multiplier	16.645455	0.000000	1.003775	0.429667	433.400000	1,017.954545	22.00
Cost Center Description	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5.05	5A.06	5.06	7.00	
1.00 Administrative and General	11,087	0	4,413,061	0	375,938	1,760	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,517,642	0	2.00
3.00 Physical Therapy	0	0	0	0	633,978	0	3.00
4.00 Occupational Therapy	0	0	0	0	49,593	0	4.00
5.00 Speech Pathology	0	0	0	0	2,190	0	5.00
6.00 Medical Social Services	0	0	0	0	8,720	0	6.00
7.00 Home Health Aide	0	0	0	0	10,061	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	25,630	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	11,087	0	4,413,061	0	2,623,752	1,760	20.00
21.00 Total cost to be allocated	1,349	0	20,071	0	334,646	69,847	21.00
22.00 Unit cost multiplier	0.121674	0.000000	0.004548	0	0.127545	39.685795	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-2
Part II
Date/Time Prepared:
5/28/2014 4:23 pm

Cost Center Description		OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)		
		7.01	8.00	9.00	9.01	10.00	11.00		
1.00	Administrative and General	0	0	311	0	0	2,812	1.00	
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00	Physical Therapy	0	0	0	0	0	0	3.00	
4.00	Occupational Therapy	0	0	0	0	0	0	4.00	
5.00	Speech Pathology	0	0	0	0	0	0	5.00	
6.00	Medical Social Services	0	0	0	0	0	0	6.00	
7.00	Home Health Aide	0	0	0	0	0	0	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19)	0	0	311	0	0	2,812	20.00	
21.00	Total cost to be allocated	0	0	9,637	0	0	31,010	21.00	
22.00	Unit cost multiplier	0.000000	0.000000	30.987138	0.000000	0.000000	11.027738	22.00	
Cost Center Description		NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)			
		13.00	14.00	15.00	16.00	17.00			
1.00	Administrative and General	0	206	71	42	0		1.00	
2.00	Skilled Nursing Care	0	0	0	0	0		2.00	
3.00	Physical Therapy	0	0	0	0	0		3.00	
4.00	Occupational Therapy	0	0	0	0	0		4.00	
5.00	Speech Pathology	0	0	0	0	0		5.00	
6.00	Medical Social Services	0	0	0	0	0		6.00	
7.00	Home Health Aide	0	0	0	0	0		7.00	
8.00	Supplies (see instructions)	0	0	0	0	0		8.00	
9.00	Drugs	0	0	0	0	0		9.00	
10.00	DME	0	0	0	0	0		10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00	
12.00	Respiratory Therapy	0	0	0	0	0		12.00	
13.00	Private Duty Nursing	0	0	0	0	0		13.00	
14.00	Clinic	0	0	0	0	0		14.00	
15.00	Health Promotion Activities	0	0	0	0	0		15.00	
16.00	Day Care Program	0	0	0	0	0		16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00	
18.00	Homemaker Service	0	0	0	0	0		18.00	
19.00	All Others (specify)	0	0	0	0	0		19.00	
20.00	Total (sum of lines 1-19)	0	206	71	42	0		20.00	
21.00	Total cost to be allocated	0	349	61	21,323	0		21.00	
22.00	Unit cost multiplier	0.000000	1.694175	0.859155	507.690476	0.000000		22.00	

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/28/2014 4:23 pm		
				HHA CCN: 147443	Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,086,678		2,086,678	6,914	301.80	1.00
2.00	Physical Therapy	3.00	871,687	0	871,687	5,522	157.86	2.00
3.00	Occupational Therapy	4.00	68,187	0	68,187	418	163.13	3.00
4.00	Speech Pathology	5.00	3,011	0	3,011	5	602.20	4.00
5.00	Medical Social Services	6.00	11,989		11,989	37	324.03	5.00
6.00	Home Health Aide	7.00	13,833		13,833	171	80.89	6.00
7.00	Total (sum of lines 1-6)		3,055,385	0	3,055,385	13,067		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		41180	2,241	1,638			8.00
9.00	Physical Therapy		41180	1,576	1,347			9.00
10.00	Occupational Therapy		41180	182	106			10.00
11.00	Speech Pathology		41180	0	1			11.00
12.00	Medical Social Services		41180	14	10			12.00
13.00	Home Health Aide		41180	26	75			13.00
14.00	Total (sum of lines 8-13)			4,039	3,177			14.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	35,240	0	35,240	28,767	1.225015	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A			Cost of Services				
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,241	1,638		676,334	494,348		1.00
2.00	Physical Therapy	1,576	1,347		248,787	212,637		2.00
3.00	Occupational Therapy	182	106		29,690	17,292		3.00
4.00	Speech Pathology	0	1		0	602		4.00
5.00	Medical Social Services	14	10		4,536	3,240		5.00
6.00	Home Health Aide	26	75		2,103	6,067		6.00
7.00	Total (sum of lines 1-6)	4,039	3,177		961,450	734,186		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description								
	6.00	7.00	8.00	9.00	10.00	11.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-3
Part I
Date/Time Prepared:
5/28/2014 4:23 pm

Title XVII I

Home Health
Agency I

PPS

Cost Center Description	Program Covered Charges			Cost of Services						
	Part A	Part B						Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance						Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00				
Supplies and Drugs Cost Computations										
15.00	Cost of Medical Supplies		0		0		15.00			
16.00	Cost of Drugs		0		0		16.00			
Cost Center Description										
	Total Program Cost (sum of col s. 9-10)									
	12.00									
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION										
Cost Per Visit Computation										
1.00	Skilled Nursing Care	1,170,682						1.00		
2.00	Physical Therapy	461,424						2.00		
3.00	Occupational Therapy	46,982						3.00		
4.00	Speech Pathology	602						4.00		
5.00	Medical Social Services	7,776						5.00		
6.00	Home Health Aide	8,170						6.00		
7.00	Total (sum of lines 1-6)	1,695,636						7.00		
Cost Center Description										
	12.00									
Limitation Cost Computation										
8.00	Skilled Nursing Care						8.00			
9.00	Physical Therapy						9.00			
10.00	Occupational Therapy						10.00			
11.00	Speech Pathology						11.00			
12.00	Medical Social Services						12.00			
13.00	Home Health Aide						13.00			
14.00	Total (sum of lines 8-13)						14.00			

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-3
Part II
Date/Time Prepared:
5/28/2014 4:23 pm
PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.248768	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.176343	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.307409	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.986587	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.144965	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	2.00
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	3.00
4.00	Amount 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(b)	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		851,285	629,400
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		14,065	20,948
14.00	Total PPS Reimbursement - PEP Episodes		8,979	12,779
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		874,329	663,127
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		874,329	663,127
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		874,329	663,127
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		874,329	663,127
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		874,329	663,127
31.01	Sequestration adjustment (see instructions)		0	0
32.00	Interim payments (see instructions)		874,329	663,127
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-5
Date/Time Prepared:
5/28/2014 4:23 pm
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		874,329		663,127	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			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			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		874,329		663,127	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			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		874,329		663,127	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140185	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 4:23 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,066,231	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		76,561	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)		177.50	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.73	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		15.09	8.00
9.00	Sum of lines 7 and 8		20.82	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.31	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		175,255	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		4,318,047	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00