

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 8:32 am
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1.00 Hospital and Hospital Health Care Complex Address:	2.00 Street: 1775 W. DEMPSTER STREET	3.00 PO Box:	4.00 State: IL	5.00 Zip Code: 60068-	6.00 County: COOK
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	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	10.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ADVOCATE LUTHERAN GENERAL HOSPITAL	140223	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14S223	16974	4	07/01/1984	N	P	O	4.00
5.00	Subprovider - IRF	ADVOCATE LUTHERAN GENERAL HOSPITAL	14T223	16974	5	07/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2013	12/31/2013	20.00
21.00	Type of Control (see instructions)	1		21.00

Inpatient PPS Information				
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)	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.	1	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.	23,710	5,424	0	489	1,447	141	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.	687	545	0	0	0		25.00

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
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.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		
61.02	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		
61.03	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		
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		
61.05	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		
61.06	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		

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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		
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				Y	63.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			10.41	73.07	0.124701	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	9.97	26.06	0.276714	65.00
65.01		INTERNAL MEDICINE	1400	11.35	54.94	0.171217	65.01
65.02		INTERNAL MEDICINE	3900	2.17	7.43	0.226042	65.02
65.03		PEDIATRICS	2000	7.34	35.78	0.170223	65.03

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			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)		8.58	56.60	0.131635		66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	10.80	27.46	0.282279	
67.01		INTERNAL MEDICINE	1400	10.38	57.03	0.153983	
67.02		INTERNAL MEDICINE	3900	1.31	4.96	0.208931	
67.03		PEDIATRICS	2000	7.57	36.85	0.170419	
67.04				0.00	0.00	0.000000	
67.05		RMC OSTEO	3630	0.01	0.13	0.071429	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N 0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.				Y		75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				Y	N 0	76.00
					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

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		V	XIX				
		1.00	2.00				
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N	Y				90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N	N				91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.		N				92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N	N				93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N				94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00				95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N				96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00				97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N		109.00
				1.00	2.00	3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1				118.00
		Premiums	Losses	Insurance			
		1.00	2.00	3.00			
118.01	List amounts of malpractice premiums and paid losses:	1,962,650	3,010,803	19,612,420			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
DO NOT USE THIS LINE							
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

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		1.00	2.00					
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00			
All Providers								
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	14H036		140.00			
		1.00	2.00	3.00				
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.								
141.00	Name: ADVOCATE HEALTH CARE	Contractor's Name: NATIONAL GOVERNMENT SERVICES		Contractor's Number: 00131	141.00			
142.00	Street: 3075 HIGHLAND PARKWAY, SUITE 600	PO Box:			142.00			
143.00	City: DOWNERS GROVE	State: IL	Zip Code: 60515		143.00			
				1.00				
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00			
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00			
				1.00				
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N			146.00			
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N			147.00			
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N			148.00			
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N			149.00			
		Part A	Part B	Title V	Title XIX			
		1.00	2.00	3.00	4.00			
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)								
155.00	Hospital	N	N	N	N	155.00		
156.00	Subprovider - IPF	N	N	N	N	156.00		
157.00	Subprovider - IRF	N	N	N	N	157.00		
158.00	SUBPROVIDER					158.00		
159.00	SNF	N	N	N	N	159.00		
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00		
161.00	CMHC		N	N	N	161.00		
				1.00				
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.			N	165.00			
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
						1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.			Y		167.00		
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)					0	168.00	
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)					0.50	169.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/29/2014 8:32 am	
		Beginning 1.00	Ending 2.00	
170.00 Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013	12/31/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 8:32 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			Y	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/19/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/29/2014 8:32 am		
	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.	0	1.00	2.00	3.00	21.00
			N		N	
					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.	JULIE		BARGER		41.00
42.00	Enter the employer/company name of the cost report preparer.	ADVOCATE HEALTH AND HOSPITALS CORP.				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-929-5758		JULIE.BARGER@ADVOCATEHEALTH.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)		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)	03/27/2012	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.	SR. REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	415	151,475	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)		415	151,475	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	29	10,585	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	32	11,680	0.00	0	9.00
9.01 NEONATAL CARE UNIT	32.01	54	19,710	0.00	0	9.01
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)		530	193,450	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	50	17,885		0	16.00
17.00 SUBPROVIDER - IRF	41.00	45	16,425		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
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)		625				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)		17	6,205			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: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	40,071	15,662	94,301			1.00
2.00 HMO and other (see instructions)	2,371	1,447				2.00
3.00 HMO IPF Subprovider	187	0				3.00
4.00 HMO IRF Subprovider	99	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	40,071	15,662	94,301			7.00
8.00 INTENSIVE CARE UNIT	1,220	1,693	5,933			8.00
9.00 CORONARY CARE UNIT	3,518	497	7,040			9.00
9.01 NEONATAL CARE UNIT	0	8,234	13,956			9.01
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		3,105	9,459			13.00
14.00 Total (see instructions)	44,809	29,191	130,689	206.18	3,371.38	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	3,841	1,145	10,763	1.84	79.89	16.00
17.00 SUBPROVIDER - IRF	6,936	1,232	12,335	0.00	73.45	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	0	0	356			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
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)				208.02	3,524.72	27.00
28.00 Observation Bed Days		53	9,609			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	574	2,186			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			42			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140223

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Component	Full Time Equivalents	Discharges			Total All Patients		
		Nonpaid Workers	Title V	Title XVIII			Title XIX
		11.00	12.00	13.00			14.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)			0	9,500	5,954	26,317	1.00
2.00 HMO and other (see instructions)				454			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
9.01 NEONATAL CARE UNIT							9.01
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	9,500	5,954		26,317	14.00
15.00 CAH visits							15.00
16.00 SUBPROVIDER - IPF	0.00	0	393		136	1,330	16.00
17.00 SUBPROVIDER - IRF	0.00	0	506		51	900	17.00
18.00 SUBPROVIDER	0.00	0	0		0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00						19.00
20.00 NURSING FACILITY							20.00
21.00 OTHER LONG TERM CARE							21.00
22.00 HOME HEALTH AGENCY							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE							24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC	0.00						25.00
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: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part II Date/Time Prepared: 5/29/2014 8:32 am			
	Worksheet A Line Number	Amount Reported	Reclassifi- 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	232,901,205	0	232,901,205	7,269,912.00	32.04	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		2,781,711	0	2,781,711	20,308.00	136.98	4.00
4.01	Physicians - Part A - Teaching		870,615	0	870,615	9,688.00	89.87	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	12,041,545	0	12,041,545	461,760.00	26.08	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		12,097,160	-674,873	11,422,287	359,715.00	31.75	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		532,062	0	532,062	6,748.00	78.85	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		6,647,254	0	6,647,254	74,057.00	89.76	13.00
14.00	Home office salaries & wage-related costs		24,391,711	0	24,391,711	379,369.00	64.30	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		55,951,132	0	55,951,132			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		3,053,934	0	3,053,934			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		194,327	0	194,327			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		2,806,718	0	2,806,718			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	3,748,414	0	3,748,414	33,280.00	112.63	26.00
27.00	Administrative & General	5.00	30,211,352	-263,893	29,947,459	838,781.00	35.70	27.00
28.00	Administrative & General under contract (see inst.)		1,334,694	0	1,334,694	6,796.00	196.39	28.00
29.00	Maintenance & Repairs	6.00	5,202,116	0	5,202,116	201,760.00	25.78	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	5,119,189	0	5,119,189	334,880.00	15.29	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	4,313,186	-2,579,514	1,733,672	106,558.00	16.27	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	2,579,514	2,579,514	163,842.00	15.74	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	5,172,637	781,613	5,954,250	102,190.00	58.27	38.00
39.00	Central Services and Supply	14.00	1,021,657	0	1,021,657	104,000.00	9.82	39.00
40.00	Pharmacy	15.00	7,919,912	-361,750	7,558,162	190,133.00	39.75	40.00
41.00	Medical Records & Medical Records Library	16.00	3,543,814	0	3,543,814	158,080.00	22.42	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140223

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2014 8:32 am

		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	1,304,641	0	1,304,641	37,440.00	34.85	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: 140223

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2014 8:32 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	221,323,739	0	221,323,739	6,805,260.00	32.52	1.00
2.00	Excluded area salaries (see instructions)	12,097,160	-674,873	11,422,287	359,715.00	31.75	2.00
3.00	Subtotal salaries (line 1 minus line 2)	209,226,579	674,873	209,901,452	6,445,545.00	32.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	31,571,027	0	31,571,027	460,174.00	68.61	4.00
5.00	Subtotal wage-related costs (see inst.)	56,145,459	0	56,145,459	0.00	26.75	5.00
6.00	Total (sum of lines 3 thru 5)	296,943,065	674,873	297,617,938	6,905,719.00	43.10	6.00
7.00	Total overhead cost (see instructions)	68,891,612	155,970	69,047,582	2,277,740.00	30.31	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2014 8:32 am
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		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	5,154,217	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	4,224,240	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	535,610	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)	22,205,292	8.00
9.00	Prescription Drug Plan	4,484,386	9.00
10.00	Dental, Hearing and Vision Plan	1,096,340	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	355,188	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	1,979,224	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	4,517,200	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	16,761,492	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	230,441	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))	-263,658	21.00
22.00	Day Care Cost and Allowances	-6,594,267	22.00
23.00	Tuition Reimbursement	1,265,427	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	55,951,132	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: 140223

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

Worksheet S-3
Part V
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	532,062	62,545,399	1.00
2.00	Hospital	532,062	59,491,465	2.00
3.00	Subprovider - IPF	0	1,573,000	3.00
4.00	Subprovider - IRF	0	1,480,934	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10	
				Date/Time Prepared: 5/29/2014 8:32 am	
				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.279133		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		36,950,385		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		280,601,924		6.00
7.00	Medicaid cost (line 1 times line 6)		78,325,257		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)		41,374,872		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)		41,374,872		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	43,252,250	7,632,750	50,885,000	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,073,130	2,130,552	14,203,682	21.00
22.00	Partial payment by patients approved for charity care	716,822	653,180	1,370,002	22.00
23.00	Cost of charity care (line 21 minus line 22)	11,356,308	1,477,372	12,833,680	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)		18,548,000		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,714,923		27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)		16,833,077		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		4,698,667		29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)		17,532,347		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		58,907,219		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/29/2014 8:32 am
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		0	0	20,930,597	20,930,597	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,082,238	12,082,238	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	3,748,414	45,755,021	49,503,435	-651	49,502,784	4.00
5.03 00530 PURCHASING RECEIVING AND STORES	1,355,843	859,657	2,215,500	-573	2,214,927	5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	6,040,713	3,363,100	9,403,813	-30,066	9,373,747	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	22,814,796	144,145,101	166,959,897	-18,591,915	148,367,982	5.06
6.00 00600 MAINTENANCE & REPAIRS	5,202,116	19,472,242	24,674,358	-193,546	24,480,812	6.00
7.00 00700 OPERATION OF PLANT	0	0	0	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	2,707,834	2,707,834	8.00
9.00 00900 HOUSEKEEPING	5,119,189	5,146,791	10,265,980	-2,737,205	7,528,775	9.00
10.00 01000 DIETARY	4,313,186	3,794,700	8,107,886	-2,485,267	5,622,619	10.00
11.00 01100 CAFETERIA	0	0	0	2,401,311	2,401,311	11.00
13.00 01300 NURSING ADMINISTRATION	5,172,637	971,031	6,143,668	728,591	6,872,259	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,021,657	398,256	1,419,913	-184,323	1,235,590	14.00
15.00 01500 PHARMACY	7,919,912	24,462,151	32,382,063	-23,375,530	9,006,533	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	3,543,814	1,561,510	5,105,324	-2,700	5,102,624	16.00
17.00 01700 SOCIAL SERVICE	1,304,641	252,656	1,557,297	0	1,557,297	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	12,041,545	0	12,041,545	0	12,041,545	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,098,480	16,455,162	17,553,642	-56,968	17,496,674	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	1,258,112	161,273	1,419,385	-924,204	495,181	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	403,202	403,202	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	43,418,406	7,332,732	50,751,138	-1,776,485	48,974,653	30.00
31.00 03100 INTENSIVE CARE UNIT	5,408,443	1,989,615	7,398,058	-246,454	7,151,604	31.00
32.00 03200 CORONARY CARE UNIT	6,047,690	2,232,147	8,279,837	-342,396	7,937,441	32.00
32.01 03201 NEONATAL CARE UNIT	8,758,419	1,584,969	10,343,388	-123,312	10,220,076	32.01
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	5,457,317	610,851	6,068,168	-9,955	6,058,213	40.00
41.00 04100 SUBPROVIDER - I RF	5,137,907	740,362	5,878,269	-219,922	5,658,347	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	1,381,109	1,381,109	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	12,120,028	11,585,924	23,705,952	-1,709,519	21,996,433	50.00
50.01 03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	1,584,932	204,517	1,789,449	-1,231	1,788,218	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	4,850,848	1,492,766	6,343,614	-70,194	6,273,420	52.00
53.00 05300 ANESTHESIOLOGY	550,468	1,768,893	2,319,361	-61,924	2,257,437	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	9,301,212	5,085,512	14,386,724	-3,528,955	10,857,769	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,198,105	6,518,937	8,717,042	-1,034,528	7,682,514	55.00
56.00 05600 RADIOISOTOPE	1,434,111	1,740,435	3,174,546	-495,324	2,679,222	56.00
57.00 05700 CT SCAN	1,897,642	1,784,004	3,681,646	-927,865	2,753,781	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,600,287	1,912,415	3,512,702	-884,981	2,627,721	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,448,394	1,083,585	2,531,979	-956,427	1,575,552	59.00
60.00 06000 LABORATORY	0	15,137,127	15,137,127	0	15,137,127	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,865,982	4,865,982	0	4,865,982	62.00
65.00 06500 RESPIRATORY THERAPY	5,274,351	260,161	5,534,512	-232,456	5,302,056	65.00
66.00 06600 PHYSICAL THERAPY	4,961,578	479,002	5,440,580	31,695	5,472,275	66.00
67.00 06700 OCCUPATIONAL THERAPY	6,358,008	1,733,539	8,091,547	-579,804	7,511,743	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	2,415,207	1,096,507	3,511,714	-290,427	3,221,287	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	990,139	407,296	1,397,435	-126,651	1,270,784	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,367,831	17,367,831	492,334	17,860,165	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	33,289,773	33,289,773	0	33,289,773	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	22,808,271	22,808,271	73.00
74.00 07400 RENAL DIALYSIS	703,460	206,688	910,148	-35,744	874,404	74.00
75.00 07500 ASC (NON-DISTINCT PART)	3,445,262	1,059,936	4,505,198	-84,130	4,421,068	75.00
76.00 03020 REHAB MEDICINE	447,068	91,415	538,483	-45,862	492,621	76.00
76.20 03021 DAY HOSPITAL	645,364	333,788	979,152	-275,245	703,907	76.20
76.30 03022 LI THOTRIPTER	0	1,405,969	1,405,969	0	1,405,969	76.30
76.45 03024 GASTROENTEROLOGY LAB	2,706,972	1,677,287	4,384,259	-220,825	4,163,434	76.45
76.97 07697 CARDIAC REHABILITATION	350,868	84,592	435,460	-39,914	395,546	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	51,901	6,135	58,036	0	58,036	90.01
90.02 09002 OUTPATIENT CENTER	638,875	247,053	885,928	-109,909	776,019	90.02
90.03 09003 PAIN CLINIC	461,141	332,231	793,372	-131,251	662,121	90.03

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
90.05	09004 WOUND CARE CENTER	424,438	-53,834	370,604	-370,604	0	90.05
90.06	09005 ANTI-COAG LAB	604,682	131,377	736,059	-46,985	689,074	90.06
90.07	09006 HEART RISK ASSESSMENT	133,394	41,297	174,691	-29,454	145,237	90.07
91.00	09100 EMERGENCY	8,875,409	4,173,926	13,049,335	-259,875	12,789,460	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	232,657,381	398,841,393	631,498,774	115,626	631,614,400	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	243,824	127,840	371,664	-115,626	256,038	190.00
200.00	TOTAL (SUM OF LINES 118-199)	232,901,205	398,969,233	631,870,438	0	631,870,438	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/29/2014 8:32 am

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	4,745,099	25,675,696	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	3,341,848	15,424,086	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	8,412,862	57,915,646	4.00
5.03	00530	PURCHASING RECEIVING AND STORES	-331	2,214,596	5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	7,502,882	16,876,629	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-70,072,178	78,295,804	5.06
6.00	00600	MAINTENANCE & REPAIRS	-190,165	24,290,647	6.00
7.00	00700	OPERATION OF PLANT	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,707,834	8.00
9.00	00900	HOUSEKEEPING	-10,130	7,518,645	9.00
10.00	01000	DIETARY	-2,474,942	3,147,677	10.00
11.00	01100	CAFETERIA	0	2,401,311	11.00
13.00	01300	NURSING ADMINISTRATION	-34,211	6,838,048	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-16,457	1,219,133	14.00
15.00	01500	PHARMACY	-121,494	8,885,039	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-43,621	5,059,003	16.00
17.00	01700	SOCIAL SERVICE	-145,946	1,411,351	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	12,041,545	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-12,254,930	5,241,744	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	-75,480	419,701	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	0	403,202	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-263,687	48,710,966	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,477	7,150,127	31.00
32.00	03200	CORONARY CARE UNIT	-966	7,936,475	32.00
32.01	03201	NEONATAL CARE UNIT	-2,903	10,217,173	32.01
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	-162,478	5,895,735	40.00
41.00	04100	SUBPROVIDER - I RF	-10,794	5,647,553	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	1,381,109	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-65,322	21,931,111	50.00
50.01	03023	ACUPUNCTURE	0	0	50.01
51.00	05100	RECOVERY ROOM	-547	1,787,671	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-58	6,273,362	52.00
53.00	05300	ANESTHESIOLOGY	-211,963	2,045,474	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-51,188	10,806,581	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-270,034	7,412,480	55.00
56.00	05600	RADIOISOTOPE	-519	2,678,703	56.00
57.00	05700	CT SCAN	-70	2,753,711	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-231	2,627,490	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,454	1,574,098	59.00
60.00	06000	LABORATORY	0	15,137,127	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,865,982	62.00
65.00	06500	RESPIRATORY THERAPY	-3,624	5,298,432	65.00
66.00	06600	PHYSICAL THERAPY	-2,321	5,469,954	66.00
67.00	06700	OCCUPATIONAL THERAPY	-23,729	7,488,014	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-1,592	3,219,695	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-397	1,270,387	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,860,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	33,289,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,808,271	73.00
74.00	07400	RENAL DIALYSIS	-590	873,814	74.00
75.00	07500	ASC (NON-DISTINCT PART)	-5,515	4,415,553	75.00
76.00	03020	REHAB MEDICINE	-997	491,624	76.00
76.20	03021	DAY HOSPITAL	-32,585	671,322	76.20
76.30	03022	LITHOTRIPTER	0	1,405,969	76.30
76.45	03024	GASTROENTEROLOGY LAB	-2,003	4,161,431	76.45
76.97	07697	CARDIAC REHABILITATION	-1,213	394,333	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETES CARE CENTER	-106	57,930	90.01
90.02	09002	OUTPATIENT CENTER	-19,195	756,824	90.02
90.03	09003	PAIN CLINIC	-1,100	661,021	90.03
90.05	09004	WOUND CARE CENTER	0	0	90.05
90.06	09005	ANTI-COAG LAB	-360	688,714	90.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140223

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

Worksheet A
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	0	145,237	90.07
91.00	09100	EMERGENCY	-1,767,561	11,021,899	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
99.00	09900	CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-64,343,773	567,270,627	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-21,633	234,405	190.00
200.00		TOTAL (SUM OF LINES 118-199)	-64,365,406	567,505,032	200.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 8:32 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	121,730	1.00
	TOTALS		0	121,730	
B - DRUGS CHARGES					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	22,808,271	1.00
	TOTALS		0	22,808,271	
C - LINEN					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	2,707,834	1.00
	TOTALS		0	2,707,834	
D - RADIOLOGY ADMIN					
1.00	RADIOLOGY-THERAPEUTIC	55.00	118,025	114,342	1.00
2.00	RADIOISOTOPE	56.00	104,406	101,148	2.00
3.00	CT SCAN	57.00	167,958	162,717	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	154,340	149,524	4.00
	TOTALS		544,729	527,731	
E - PARAMEDIC CHAPLAIN					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	965,919	0	1.00
2.00	PARAMEDIC PRGM-PASTORAL EDUC.	23.00	0	42,249	2.00
	TOTALS		965,919	42,249	
F - REHAB DIRECTORS					
1.00	PHYSICAL THERAPY	66.00	28,974	41,554	1.00
2.00	OCCUPATIONAL THERAPY	67.00	43,258	62,040	2.00
	TOTALS		72,232	103,594	
G - OTHER REHAB ADMIN					
1.00	OCCUPATIONAL THERAPY	67.00	24,412	0	1.00
	TOTALS		24,412	0	
H - NURSERY					
1.00	NURSERY	43.00	998,303	382,806	1.00
	TOTALS		998,303	382,806	
I - CAFETERIA COSTS					
1.00	CAFETERIA	11.00	2,579,514	2,105,415	1.00
	TOTALS		2,579,514	2,105,415	
J - CAFETERIA REVENUE OFFSET					
1.00	DIETARY	10.00	0	2,283,618	1.00
	TOTALS		0	2,283,618	
K - NURSING ADMIN PERSONNEL					
1.00	NURSING ADMINISTRATION	13.00	781,613	0	1.00
	TOTALS		781,613	0	
L - PARAMEDIC PHARMACY					
1.00	PARAMEDIC PRGM-PHARMACY	23.01	363,278	39,924	1.00
2.00		0.00	0	0	2.00
	TOTALS		363,278	39,924	
M - CHILD LIFE/PRENATAL					
1.00	ADULTS & PEDIATRICS	30.00	446,671	39,924	1.00
	TOTALS		446,671	39,924	
N - WOUND CARE COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	424,438	0	1.00
2.00	WOUND CARE CENTER	90.05	0	53,834	2.00
	TOTALS		424,438	53,834	
O - BOOK DEPRECIATION RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	15,145,687	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	12,082,238	2.00
	TOTALS		0	27,227,925	
Q - RECLASS BUILDING RENT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,784,910	1.00
2.00		0.00	0	0	2.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6

Date/Time Prepared:
5/29/2014 8:32 am

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
	TOTALS		0	5,784,910		
R - RECLASSIFY EQUIPMENT DEPRECIATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	9,652,703		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
43.00		0.00	0	0		43.00
	TOTALS		0	9,652,703		
500.00	Grand Total: Increases		7,201,109	73,882,468		500.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 8:32 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	121,730	0		1.00
	TOTALS		0	121,730			
B - DRUGS CHARGES							
1.00	PHARMACY	15.00	0	22,808,271	0		1.00
	TOTALS		0	22,808,271			
C - LINEN							
1.00	HOUSEKEEPING	9.00	0	2,707,834	0		1.00
	TOTALS		0	2,707,834			
D - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	544,729	527,731	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		544,729	527,731			
E - PARAMEDIC CHAPLAIN							
1.00	PARAMED PRGM-PASTORAL EDUC.	23.00	965,919	0	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42,249	0		2.00
	TOTALS		965,919	42,249			
F - REHABILITATORS							
1.00	SUBPROVIDER - IRF	41.00	72,232	103,594	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		72,232	103,594			
G - OTHER REHAB ADMIN							
1.00	PHYSICAL THERAPY	66.00	24,412	0	0		1.00
	TOTALS		24,412	0			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	998,303	382,806	0		1.00
	TOTALS		998,303	382,806			
I - CAFETERIA COSTS							
1.00	DIETARY	10.00	2,579,514	2,105,415	0		1.00
	TOTALS		2,579,514	2,105,415			
J - CAFETERIA REVENUE OFFSET							
1.00	CAFETERIA	11.00	0	2,283,618	0		1.00
	TOTALS		0	2,283,618			
K - NURSING ADMIN PERSONNEL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	781,613	0	0		1.00
	TOTALS		781,613	0			
L - PARAMEDIC PHARMACY							
1.00	PHARMACY	15.00	361,750	39,841	0		1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	1,528	83	0		2.00
	TOTALS		363,278	39,924			
M - CHILD LIFE/PRENATAL							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	446,671	39,924	0		1.00
	TOTALS		446,671	39,924			
N - WOUND CARE COSTS							
1.00	WOUND CARE CENTER	90.05	424,438	0	0		1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	53,834	0		2.00
	TOTALS		424,438	53,834			
O - BOOK DEPRECIATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	27,227,925	9		1.00
2.00		0.00	0	0	9		2.00
	TOTALS		0	27,227,925			
Q - RECLASS BUILDING RENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	670,544	10		1.00
2.00	MAINTENANCE & REPAIRS	6.00	0	67,680	10		2.00
4.00	NURSING ADMINISTRATION	13.00	0	31,214	10		4.00
5.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	43,992	10		5.00
6.00	SUBPROVIDER - IRF	41.00	0	1,046	10		6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,589,381	10		7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	950,256	10		8.00
9.00	RADIOISOTOPE	56.00	0	207,876	10		9.00
10.00	CT SCAN	57.00	0	301,320	10		10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	256,884	10		11.00

RECLASSIFICATIONS

Provider CCN: 140223

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

Worksheet A-6
Date/Time Prepared:
5/29/2014 8:32 am

Decreases							
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
12.00	OCCUPATIONAL THERAPY	67.00	0	653,202	10	12.00	
13.00	ELECTROCARDIOLOGY	69.00	0	20,472	10	13.00	
14.00	ELECTROENCEPHALOGRAPHY	70.00	0	95,496	10	14.00	
15.00	REHAB MEDICINE	76.00	0	45,862	10	15.00	
16.00	DAY HOSPITAL	76.20	0	274,776	10	16.00	
17.00	CARDIAC REHABILITATION	76.97	0	35,412	10	17.00	
18.00	OUTPATIENT CENTER	90.02	0	105,161	10	18.00	
19.00	PAIN CLINIC	90.03	0	80,076	10	19.00	
20.00	ANTI-COAG LAB	90.06	0	46,985	10	20.00	
21.00	HEART RISK ASSESSMENT	90.07	0	20,775	10	21.00	
22.00	EMERGENCY	91.00	0	175,830	10	22.00	
23.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	110,670	10	23.00	
TOTALS			0	5,784,910			
R - RECLASSIFY EQUIPMENT DEPRECIATION							
1.00	EMPLOYEE BENEFITS	4.00	0	651	9	1.00	
2.00	PURCHASING RECEIVING AND STORES	5.03	0	573	9	2.00	
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	30,066	9	3.00	
4.00	MAINTENANCE & REPAIRS	6.00	0	125,866	9	4.00	
5.00	HOUSEKEEPING	9.00	0	29,371	9	5.00	
6.00	DIETARY	10.00	0	83,956	9	6.00	
7.00	NURSING ADMINISTRATION	13.00	0	21,808	9	7.00	
8.00	CENTRAL SERVICES & SUPPLY	14.00	0	62,593	9	8.00	
9.00	PHARMACY	15.00	0	165,668	9	9.00	
10.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,700	9	10.00	
11.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	12,976	9	11.00	
12.00	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	534	9	12.00	
13.00	ADULTS & PEDIATRICS	30.00	0	881,971	9	13.00	
14.00	INTENSIVE CARE UNIT	31.00	0	246,454	9	14.00	
15.00	CORONARY CARE UNIT	32.00	0	342,396	9	15.00	
16.00	NEONATAL CARE UNIT	32.01	0	123,312	9	16.00	
17.00	SUBPROVIDER - IPF	40.00	0	9,955	9	17.00	
18.00	SUBPROVIDER - IRF	41.00	0	43,050	9	18.00	
19.00	OPERATING ROOM	50.00	0	1,709,519	9	19.00	
20.00	RECOVERY ROOM	51.00	0	1,231	9	20.00	
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	70,194	9	21.00	
22.00	ANESTHESIOLOGY	53.00	0	61,924	9	22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	867,114	9	23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	316,639	9	24.00	
25.00	RADIOISOTOPE	56.00	0	493,002	9	25.00	
26.00	CT SCAN	57.00	0	957,220	9	26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	931,961	9	27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	956,427	9	28.00	
29.00	RESPIRATORY THERAPY	65.00	0	232,456	9	29.00	
30.00	PHYSICAL THERAPY	66.00	0	14,421	9	30.00	
31.00	OCCUPATIONAL THERAPY	67.00	0	56,312	9	31.00	
32.00	ELECTROCARDIOLOGY	69.00	0	269,955	9	32.00	
33.00	ELECTROENCEPHALOGRAPHY	70.00	0	31,155	9	33.00	
34.00	RENAL DIALYSIS	74.00	0	35,744	9	34.00	
35.00	ASC (NON-DISTINCT PART)	75.00	0	84,130	9	35.00	
36.00	DAY HOSPITAL	76.20	0	469	9	36.00	
37.00	GASTROENTEROLOGY LAB	76.45	0	220,825	9	37.00	
38.00	CARDIAC REHABILITATION	76.97	0	4,502	9	38.00	
39.00	OUTPATIENT CENTER	90.02	0	4,748	9	39.00	
40.00	PAIN CLINIC	90.03	0	51,175	9	40.00	
41.00	HEART RISK ASSESSMENT	90.07	0	8,679	9	41.00	
42.00	EMERGENCY	91.00	0	84,045	9	42.00	
43.00	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	4,956	9	43.00	
TOTALS			0	9,652,703			
500.00	Grand Total: Decreases		7,201,109	73,882,468		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2014 8:32 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	0	0	0	0	1.00
2.00	Land Improvements	15,749,146	628,527	0	628,527	0	2.00
3.00	Buildings and Fixtures	444,663,439	8,438,215	0	8,438,215	0	3.00
4.00	Building Improvements	5,381,772	0	0	0	4,560	4.00
5.00	Fixed Equipment	160,692,356	9,958,289	0	9,958,289	2,785,869	5.00
6.00	Movable Equipment	734,904	64,771	0	64,771	0	6.00
7.00	HIT designated Assets	1,068,885	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	628,903,660	19,089,802	0	19,089,802	2,790,429	8.00
9.00	Reconciling Items	6,197,195	1,890,675	0	1,890,675	0	9.00
10.00	Total (line 8 minus line 9)	622,706,465	17,199,127	0	17,199,127	2,790,429	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	613,158	0				1.00
2.00	Land Improvements	16,377,673	2,267,338				2.00
3.00	Buildings and Fixtures	453,101,654	92,731,656				3.00
4.00	Building Improvements	5,377,212	2,081,229				4.00
5.00	Fixed Equipment	167,864,776	88,349,047				5.00
6.00	Movable Equipment	799,675	482,612				6.00
7.00	HIT designated Assets	1,068,885	915,884				7.00
8.00	Subtotal (sum of lines 1-7)	645,203,033	186,827,766				8.00
9.00	Reconciling Items	8,087,870	0				9.00
10.00	Total (line 8 minus line 9)	637,115,163	186,827,766				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	0				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140223

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	0	1	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	1	0	1	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	19,916,095	5,759,601	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	15,424,086	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	35,340,181	5,759,601	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	25,675,696	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	15,424,086	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	41,099,782	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst.	A-7 Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-178,319	OTHER ADMINISTRATIVE AND GENERAL	5.06		0 7.00
8.00 Television and radio service (chapter 21)	A	-184,798	MAINTENANCE & REPAIRS	6.00		0 8.00
9.00 Parking lot (chapter 21)		0		0.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-21,758,501				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	2,358,703				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests		0		0.00		0 14.00
15.00 Rental of quarters to employee and others		0		0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,698,362	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-21,933	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9 27.00
28.00 Non-physician Anesthetist		0	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)		-206,996	ADULTS & PEDIATRICS	30.00		30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0 32.00

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	
33.00 OTHER ADJUSTMENTS (SPECIFY (3))		0			0.00	0 33.00
33.02		0			0.00	0 33.02
33.03 COMMUNITY RELATIONS	A	-299,580	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.03
33.04 COUNCIL OF ADVISORS	A	-105,015	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.04
33.08		0			0.00	0 33.08
33.10		0			0.00	0 33.10
33.11 LOEBER RESEARCH	A	-28,622	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.11
33.12		0			0.00	0 33.12
33.13 AMG NICU OUTREACH	A	-8,904	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.13
33.14 MISC PHYSICIAN FEES	A	-1,063	RADIOLOGY-DIAGNOSTIC	54.00		0 33.14
33.15		0			0.00	0 33.15
33.17 PUBLIC AID ASSESSMENT EXPENSE	A	-19,635,270	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.17
33.18 RESEARCH COSTS IN EXCESS OF FUNDING	A	-527,208	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.18
33.19 OFFSET MEN'S ASSOCIATION	A	-5,917	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.19
33.21 CENTER FOR PEDS BRAIN TUMOR	A	-37,709	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.21
33.23		0			0.00	0 33.23
33.24 PARKING LOST COSTS ENDED 2012	A	-837	MAINTENANCE & REPAIRS	6.00		0 33.24
33.25 LOBBYING COSTS ABOVE ACCOUNTING	A	-4,066	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.25
33.26 KOHLS MUSEUM	A	-5,000	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.26
33.27 ADJUST GL INT EXPENSE TO ACTUAL	A	-9,923,220	OTHER ADMINISTRATIVE AND GENERAL		5.06	11 33.27
33.28 RUSSEL RESEARCH	A	-673,374	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 33.28
33.29 PRIOR YEARS MEDICARE WORKPAPER	A	263,258	NEW CAP REL COSTS-BLDG & FIXT	1.00		9 33.29
33.30 ADJUST PARKSIDE RENT TO COST	A	-25,309	NEW CAP REL COSTS-BLDG & FIXT	1.00		10 33.30
33.31		0			0.00	0 33.31
43.01		0			0.00	0 43.01
43.02		0			0.00	0 43.02
43.03		0			0.00	0 43.03
43.04 MISC INC	B	-4,475	CASHIERING/ACCOUNTS RECEIVABLE	5.05		0 43.04
43.05 MISC INC	B	-6,618,157	OTHER ADMINISTRATIVE AND GENERAL		5.06	0 43.05
43.06 MISC INC	B	-10	MAINTENANCE & REPAIRS	6.00		0 43.06
43.07 MISC INC	B	-7,213	HOUSEKEEPING	9.00		0 43.07
43.08 MISC INC	B	-2,469,443	DIETARY	10.00		0 43.08
43.09 MISC INC	B	507	NURSING ADMINISTRATION	13.00		0 43.09
43.10 MISC INC	B	-117,221	PHARMACY	15.00		0 43.10
43.11 MISC INC	B	-43,619	MEDICAL RECORDS & LIBRARY	16.00		0 43.11
43.13 MISC INC	B	-16,664	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00		0 43.13
43.14 MISC INC	B	-61,989	PARAMED ED PRGM-PASTORAL EDUC.	23.00		0 43.14
43.16 MISC INC	B	-26,740	ADULTS & PEDIATRICS	30.00		0 43.16
43.18		0			0.00	0 43.18
43.19		0			0.00	0 43.19
43.20 MISC INC	B	-37,155	SUBPROVIDER - I PF	40.00		0 43.20
43.21 MISC INC	B	-10,300	SUBPROVIDER - I RF	41.00		0 43.21
43.22 MISC INC	B	-14,140	OPERATING ROOM	50.00		0 43.22
43.23		0			0.00	0 43.23
43.24 MISC INC	B	-44	DELIVERY ROOM & LABOR ROOM	52.00		0 43.24
43.25 MISC INC	B	-30,836	RADIOLOGY-DIAGNOSTIC	54.00		0 43.25
43.26 MISC INC	B	-232,392	RADIOLOGY-THERAPEUTIC	55.00		0 43.26
43.27 MISC INC	B	-500	RADIOISOTOPE	56.00		0 43.27
43.29 MISC INC	B	-659	CARDIAC CATHETERIZATION	59.00		0 43.29
43.30 MISC INC	B	-2,960	RESPIRATORY THERAPY	65.00		0 43.30
43.31 MISC INC	B	-300	PHYSICAL THERAPY	66.00		0 43.31

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	4.00
43.32	MI SC INC	B	-15,180	OCCUPATIONAL THERAPY	67.00	0	43.32
43.33	MI SC INC	B	-520	ELECTROCARDIOLOGY	69.00	0	43.33
43.34			0		0.00	0	43.34
43.35			0		0.00	0	43.35
43.37	MI SC INC	B	-627	REHAB MEDICINE	76.00	0	43.37
44.00	MI SC INC	B	-32,585	DAY HOSPITAL	76.20	0	44.00
44.01			0		0.00	0	44.01
44.02			0		0.00	0	44.02
44.04	MI SC INC	B	-40	PAIN CLINIC	90.03	0	44.04
44.05	MI SC INC	B	-83,449	EMERGENCY	91.00	0	44.05
44.06			0		0.00	0	44.06
44.10			0		0.00	0	44.10
44.11			0		0.00	0	44.11
44.12			0		0.00	0	44.12
44.13			0		0.00	0	44.13
44.14			0		0.00	0	44.14
44.15			0		0.00	0	44.15
44.18			0		0.00	0	44.18
44.19			0		0.00	0	44.19
44.21			0		0.00	0	44.21
44.22			0		0.00	0	44.22
44.23			0		0.00	0	44.23
44.24			0		0.00	0	44.24
44.25			0		0.00	0	44.25
44.26			0		0.00	0	44.26
44.27			0		0.00	0	44.27
44.28	FOODBEV/NON	A	-21,633	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	44.28
44.29	ALLOW/AHPFEE/EMPLOYEE REL	A	-795	CARDIAC CATHETERIZATION	59.00	0	44.29
44.30	FOODBEV/NON	A	-231	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44.30
45.02	ALLOW/AHPFEE/EMPLOYEE REL	A	-52,472	EMPLOYEE BENEFITS	4.00	0	45.02
45.03	FOODBEV/NON	A	-331	PURCHASING RECEIVING AND STORES	5.03	0	45.03
45.04	ALLOW/AHPFEE/EMPLOYEE REL	A	-4,833	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	45.04
45.05	FOODBEV/NON	A	-6,692,813	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.05
45.06	ALLOW/AHPFEE/EMPLOYEE REL	A	-4,520	MAINTENANCE & REPAIRS	6.00	0	45.06
45.08	FOODBEV/NON	A	-2,917	HOUSEKEEPING	9.00	0	45.08
45.09	ALLOW/AHPFEE/EMPLOYEE REL	A	-5,499	DIETARY	10.00	0	45.09
45.10	FOODBEV/NON	A	-34,718	NURSING ADMINISTRATION	13.00	0	45.10
45.11	ALLOW/AHPFEE/EMPLOYEE REL	A	-16,457	CENTRAL SERVICES & SUPPLY	14.00	0	45.11
45.12	FOODBEV/NON	A	-4,273	PHARMACY	15.00	0	45.12
45.13	ALLOW/AHPFEE/EMPLOYEE REL	A	-2	MEDICAL RECORDS & LIBRARY	16.00	0	45.13
45.14	FOODBEV/NON	A	-145,946	SOCIAL SERVICE	17.00	0	45.14
45.15	ALLOW/AHPFEE/EMPLOYEE REL	A	-38,346	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	45.15
45.16	FOODBEV/NON	A	-13,491	PARAMED ED PRGM-PASTORAL EDUC.	23.00	0	45.16
45.17	ALLOW/AHPFEE/EMPLOYEE REL	A	-29,951	ADULTS & PEDIATRICS	30.00	0	45.17
45.18	FOODBEV/NON	A	-1,477	INTENSIVE CARE UNIT	31.00	0	45.18
45.19	ALLOW/AHPFEE/EMPLOYEE REL	A	-966	CORONARY CARE UNIT	32.00	0	45.19
45.20	FOODBEV/NON	A	-2,903	NEONATAL CARE UNIT	32.01	0	45.20
45.21	ALLOW/AHPFEE/EMPLOYEE REL	A	-1,285	SUBPROVIDER - IPF	40.00	0	45.21

Provider CCN: 140223

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

Worksheet A-8
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
45.22 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-494	SUBPROVIDER - IRF	41.00	0 45.22
45.23 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-51,182	OPERATING ROOM	50.00	0 45.23
45.24 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-547	RECOVERY ROOM	51.00	0 45.24
45.25 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-14	DELIVERY ROOM & LABOR ROOM	52.00	0 45.25
45.26 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-187	ANESTHESIOLOGY	53.00	0 45.26
45.27 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-16,946	RADIOLOGY-DIAGNOSTIC	54.00	0 45.27
45.28 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-37,642	RADIOLOGY-THERAPEUTIC	55.00	0 45.28
45.29 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-19	RADIOISOTOPE	56.00	0 45.29
45.30 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-70	CT SCAN	57.00	0 45.30
45.31 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-664	RESPIRATORY THERAPY	65.00	0 45.31
45.32 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,021	PHYSICAL THERAPY	66.00	0 45.32
45.33 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-8,549	OCCUPATIONAL THERAPY	67.00	0 45.33
45.34 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,072	ELECTROCARDIOLOGY	69.00	0 45.34
45.35 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-397	ELECTROENCEPHALOGRAPHY	70.00	0 45.35
45.36 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,280	OUTPATIENT CENTER	90.02	0 45.36
45.37 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-5,515	ASC (NON-DISTINCT PART)	75.00	0 45.37
45.38 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-370	REHAB MEDICINE	76.00	0 45.38
45.39		0		0.00	0 45.39
45.40 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-2,003	GASTROENTEROLOGY LAB	76.45	0 45.40
45.41 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,213	CARDIAC REHABILITATION	76.97	0 45.41
45.42 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-360	ANTI-COAG LAB	90.06	0 45.42
45.43 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-1,060	PAIN CLINIC	90.03	0 45.43
45.44 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-106	DIABETES CARE CENTER	90.01	0 45.44
45.46 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-19,217	EMERGENCY	91.00	0 45.46
45.47		0		0.00	0 45.47
45.48 FOODBEV/NON ALLOW/AHPFEE/EMPLEE REL	A	-590	RENAL DIALYSIS	74.00	0 45.48
45.49		0		0.00	0 45.49
45.50		0		0.00	0 45.50
45.51		0		0.00	0 45.51
45.52		0		0.00	0 45.52
45.53		0		0.00	0 45.53
45.55		0		0.00	0 45.55
45.56		0		0.00	0 45.56
45.57		0		0.00	0 45.57
45.58		0		0.00	0 45.58
45.59		0		0.00	0 45.59
45.60		0		0.00	0 45.60
45.61		0		0.00	0 45.61
45.63		0		0.00	0 45.63
45.64		0		0.00	0 45.64
45.65		0		0.00	0 45.65
45.66		0		0.00	0 45.66
45.67		0		0.00	0 45.67
45.68		0		0.00	0 45.68
45.69		0		0.00	0 45.69
45.70		0		0.00	0 45.70

Provider CCN: 140223

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

Worksheet A-8

Date/Time Prepared:
 5/29/2014 8:32 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00			3.00
45.71		0			0.00	0	45.71
45.72		0			0.00	0	45.72
45.73		0			0.00	0	45.73
45.74		0			0.00	0	45.74
45.75		0			0.00	0	45.75
45.76		0			0.00	0	45.76
45.77		0			0.00	0	45.77
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)	-64,365,406					50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 140223
 Period: From 01/01/2013 To 12/31/2013
 Worksheet A-8-1
 Date/Time Prepared: 5/29/2014 8:32 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIX	NEW CAPITAL BUILDING	808,788	0
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL EQUIPMENT	3,363,781	0
3.00	4.00	EMPLOYEE BENEFITS	BENEFITS	8,465,334	0
3.01	5.05	CASHIERING/ACCOUNTS RECEIVAB	CENTRAL BUSINESS OFFICE	7,512,190	0
4.00	5.06	OTHER ADMINISTRATIVE AND GEN	A&G	19,483,514	37,274,904
5.00	0		0	39,633,607	37,274,904

* 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	B	LUTHERAN GENER.	100.00	AHCS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140223

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2014 8:32 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	808,788	9		1.00
2.00	3,363,781	9		2.00
3.00	8,465,334	0		3.00
3.01	7,512,190	0		3.01
4.00	-17,791,390	0		4.00
5.00	2,358,703			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	HEALTH CARE		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: 140223

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2014 8:32 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	7,537,699	369,875	7,167,824	177,200	1	1.00
2.00	13.00	NURSING ADMINISTRATION	0	0	0	177,200	1	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,200,005	0	12,200,005	177,200	1	3.00
4.00	32.00	CORONARY CARE UNIT	0	0	0	177,200	1	4.00
5.00	40.00	SUBPROVIDER - IPF	124,112	0	124,112	154,100	1	5.00
6.00	53.00	ANESTHESIOLOGY	211,872	0	211,872	200,300	1	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	2,451	0	2,451	225,300	1	7.00
8.00	76.45	GASTROENTEROLOGY LAB	0	0	0	177,200	1	8.00
9.00	91.00	EMERGENCY	1,664,980	0	1,664,980	177,200	1	9.00
10.00	90.02	OUTPATIENT CENTER	18,000	0	18,000	177,200	1	10.00
200.00			21,759,119	369,875	21,389,244		10	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 ADMINISTRATIVE AND GENERAL	85	4	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	85	4	0	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	85	4	0	0	0	3.00
4.00	32.00	CORONARY CARE UNIT	85	4	0	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	74	4	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	96	5	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	108	5	0	0	0	7.00
8.00	76.45	GASTROENTEROLOGY LAB	85	4	0	0	0	8.00
9.00	91.00	EMERGENCY	85	4	0	0	0	9.00
10.00	90.02	OUTPATIENT CENTER	85	4	0	0	0	10.00
200.00			873	42	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 ADMINISTRATIVE AND GENERAL	0	85	7,167,739	7,537,614	1.00
2.00	13.00	NURSING ADMINISTRATION	0	85	0	0	2.00
3.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	85	12,199,920	12,199,920	3.00
4.00	32.00	CORONARY CARE UNIT	0	85	0	0	4.00
5.00	40.00	SUBPROVIDER - IPF	0	74	124,038	124,038	5.00
6.00	53.00	ANESTHESIOLOGY	0	96	211,776	211,776	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	108	2,343	2,343	7.00
8.00	76.45	GASTROENTEROLOGY LAB	0	85	0	0	8.00
9.00	91.00	EMERGENCY	0	85	1,664,895	1,664,895	9.00
10.00	90.02	OUTPATIENT CENTER	0	85	17,915	17,915	10.00
200.00			0	873	21,388,626	21,758,501	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	25,675,696	25,675,696			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	15,424,086		15,424,086		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	57,915,646	136,337	81,901	58,133,884	4.00
5.03 00530	PURCHASING RECEIVING AND STORES	2,214,596	419,504	252,008	343,964	3,230,072 5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	16,876,629	193,470	116,222	1,532,468	1,300 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	78,295,804	6,876,075	4,130,646	5,720,939	53,244 5.06
6.00 00600	MAINTENANCE & REPAIRS	24,290,647	4,239,251	2,546,633	1,319,725	66,523 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	2,707,834	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	7,518,645	167,851	100,833	1,298,687	30,250 9.00
10.00 01000	DIETARY	3,147,677	526,265	316,141	439,815	151,103 10.00
11.00 01100	CAFETERIA	2,401,311	38,165	22,927	654,397	0 11.00
13.00 01300	NURSING ADMINISTRATION	6,838,048	149,195	89,626	1,510,534	2,050 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,219,133	218,201	131,079	259,184	0 14.00
15.00 01500	PHARMACY	8,885,039	132,839	79,800	1,917,430	10,036 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,059,003	121,146	72,776	899,030	733 16.00
17.00 01700	SOCIAL SERVICE	1,411,351	22,613	13,584	330,974	250 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	12,041,545	0	0	3,054,820	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	5,241,744	522,077	313,626	278,673	3,563 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	419,701	22,630	13,594	74,126	571 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	403,202	2,217	1,332	92,160	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	48,710,966	4,592,065	2,758,578	10,874,985	99,610 30.00
31.00 03100	INTENSIVE CARE UNIT	7,150,127	383,852	230,590	1,372,068	27,933 31.00
32.00 03200	CORONARY CARE UNIT	7,936,475	371,880	223,398	1,534,238	22,148 32.00
32.01 03201	NEONATAL CARE UNIT	10,217,173	372,291	223,645	2,221,923	24,219 32.01
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	5,895,735	461,167	277,036	1,384,467	3,171 40.00
41.00 04100	SUBPROVIDER - IRF	5,647,553	416,630	250,281	1,285,111	8,145 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	1,381,109	47,509	28,540	253,259	1,910 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	21,931,111	745,977	448,129	3,074,730	225,557 50.00
50.01 03023	ACUPUNCTURE	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	1,787,671	64,802	38,928	402,081	2,361 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,273,362	399,075	239,735	1,230,612	31,365 52.00
53.00 05300	ANESTHESIOLOGY	2,045,474	9,771	5,870	139,648	48,748 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,806,581	822,537	494,120	2,221,432	21,514 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	7,412,480	351,467	211,136	587,579	1,355 55.00
56.00 05600	RADIOISOTOPE	2,678,703	151,068	90,750	390,306	2,103 56.00
57.00 05700	CT SCAN	2,753,711	80,879	48,586	524,022	12,039 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,627,490	175,701	105,548	445,131	13,923 58.00
59.00 05900	CARDIAC CATHETERIZATION	1,574,098	237,103	142,434	367,443	0 59.00
60.00 06000	LABORATORY	15,137,127	58,841	35,347	0	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	4,865,982	0	0	0	131,737 62.00
65.00 06500	RESPIRATORY THERAPY	5,298,432	46,721	28,067	1,338,050	30,390 65.00
66.00 06600	PHYSICAL THERAPY	5,469,954	23,599	14,176	1,259,860	3,609 66.00
67.00 06700	OCCUPATIONAL THERAPY	7,488,014	524,655	315,175	1,630,130	18,345 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,219,695	60,861	36,561	612,714	6,579 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,270,387	93,590	56,222	251,188	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,860,165	0	0	107,676	646,944 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	33,289,773	0	0	0	1,398,088 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	22,808,271	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	873,814	28,246	16,968	178,461	2,520 74.00
75.00 07500	ASC (NON-DISTINCT PART)	4,415,553	235,198	141,290	874,029	26,250 75.00
76.00 03020	REHAB MEDICINE	491,624	22,728	13,653	113,417	340 76.00
76.20 03021	DAY HOSPITAL	671,322	68,497	41,148	163,722	280 76.20
76.30 03022	LITHOTRIPTER	1,405,969	0	0	0	0 76.30
76.45 03024	GASTROENTEROLOGY LAB	4,161,431	176,456	106,002	686,732	42,658 76.45
76.97 07697	CARDIAC REHABILITATION	394,333	31,301	18,803	89,012	537 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETES CARE CENTER	57,930	8,523	5,120	13,167	10 90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	PURCHASING RECEIVING AND STORES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.03	
90.02 09002 OUTPATIENT CENTER	756,824	70,796	42,529	162,076	837	90.02
90.03 09003 PAIN CLINIC	661,021	70,780	42,519	116,987	3,728	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	688,714	41,121	24,703	153,402	1,859	90.06
90.07 09006 HEART RISK ASSESSMENT	145,237	18,163	10,911	33,841	49	90.07
91.00 09100 EMERGENCY	11,021,899	509,071	305,813	2,251,603	48,616	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	567,270,627	25,560,757	15,355,039	58,072,028	3,229,100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	234,405	114,939	69,047	61,856	972	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	567,505,032	25,675,696	15,424,086	58,133,884	3,230,072	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	18,720,089					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	95,076,708	95,076,708			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	32,462,779	6,533,167	38,995,946		6.00
7.00	00700	OPERATION OF PLANT	0	0	0	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,707,834	544,954	0	0	8.00
9.00	00900	HOUSEKEEPING	0	9,116,266	1,834,658	473,932	0	9.00
10.00	01000	DIETARY	0	4,581,001	921,931	1,485,925	0	10.00
11.00	01100	CAFETERIA	0	3,116,800	627,259	107,760	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	8,589,453	1,728,636	421,258	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,827,597	367,806	616,098	0	14.00
15.00	01500	PHARMACY	0	11,025,144	2,218,821	375,075	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,152,688	1,238,235	342,060	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,778,772	357,980	63,849	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,096,365	3,038,159	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,359,683	1,279,893	1,474,101	0	22.00
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	0	530,622	106,788	63,896	0	23.00
23.01	02301	PARAMED PRGM-PHARMACY	0	498,911	100,406	6,260	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,059,956	69,096,160	13,905,706	12,965,835	0	30.00
31.00	03100	INTENSIVE CARE UNIT	253,683	9,418,253	1,895,433	1,083,817	0	31.00
32.00	03200	CORONARY CARE UNIT	286,040	10,374,179	2,087,814	1,050,014	0	32.00
32.01	03201	NEONATAL CARE UNIT	557,253	13,616,504	2,740,335	1,051,174	0	32.01
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	196,057	8,217,633	1,653,807	1,302,120	0	40.00
41.00	04100	SUBPROVIDER - I RF	224,694	7,832,414	1,576,281	1,176,369	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	113,350	1,825,677	367,419	134,144	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,206,317	27,631,821	5,560,932	2,106,289	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	201,389	2,497,232	502,570	182,970	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	256,678	8,430,827	1,696,712	1,126,801	0	52.00
53.00	05300	ANESTHESIOLOGY	627,558	2,877,069	579,013	27,589	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	947,858	15,314,042	3,081,966	2,322,459	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	480,923	9,044,940	1,820,303	992,378	0	55.00
56.00	05600	RADIOISOTOPE	234,274	3,547,204	713,878	426,544	0	56.00
57.00	05700	CT SCAN	1,110,624	4,529,861	911,639	228,365	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	620,733	3,988,526	802,695	496,096	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	442,281	2,763,359	556,129	669,468	0	59.00
60.00	06000	LABORATORY	1,327,434	16,558,749	3,332,465	166,138	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	138,388	5,136,107	1,033,647	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	521,510	7,263,170	1,461,720	131,918	0	65.00
66.00	06600	PHYSICAL THERAPY	246,701	7,017,899	1,412,359	66,632	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	253,135	10,229,454	2,058,688	1,481,380	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	426,009	4,362,419	877,941	171,842	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	144,695	1,816,082	365,488	264,254	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	517,761	19,132,546	3,850,444	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	788,552	35,476,413	7,139,664	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,126,940	24,935,211	5,018,236	0	0	73.00
74.00	07400	RENAL DIALYSIS	42,322	1,142,331	229,895	79,754	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	384,899	6,077,219	1,223,046	664,089	0	75.00
76.00	03020	REHAB MEDICINE	14,168	655,930	132,007	64,174	0	76.00
76.20	03021	DAY HOSPITAL	30,460	975,429	196,306	193,403	0	76.20
76.30	03022	LITHOTRIPTER	71,638	1,477,607	297,370	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	489,410	5,662,689	1,139,622	498,229	0	76.45
76.97	07697	CARDIAC REHABILITATION	21,518	555,504	111,796	88,378	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	750	85,500	17,207	24,065	0	90.01
90.02	09002	OUTPATIENT CENTER	33,029	1,066,091	214,552	199,895	0	90.02
90.03	09003	PAIN CLINIC	46,831	941,866	189,551	199,848	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	24,153	933,952	187,959	116,107	0	90.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

Period:
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To 12/31/2013

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Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.05	5A.05	5.06	6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	25,369	233,570	47,006	51,284	0	90.07
91.00	09100	EMERGENCY	1,224,749	15,361,751	3,091,568	1,437,377	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0				92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	18,720,089	567,023,813	94,979,862	38,671,413	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	481,219	96,846	324,533	0	190.00
200.00		Cross Foot Adjustments		0				200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	18,720,089	567,505,032	95,076,708	38,995,946	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part I Date/Time Prepared: 5/29/2014 8:32 am		
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
		8.00	9.00	10.00	11.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATION AND GENERAL				5.06
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,252,788			8.00
9.00	00900	HOUSEKEEPING	0	11,424,856		9.00
10.00	01000	DIETARY	0	440,695	7,429,552	10.00
11.00	01100	CAFETERIA	0	31,960	0	3,883,779
13.00	01300	NURSING ADMINISTRATION	0	124,937	0	125,289
14.00	01400	CENTRAL SERVICES & SUPPLY	0	182,722	0	21,498
15.00	01500	PHARMACY	0	111,240	0	159,039
16.00	01600	MEDICAL RECORDS & LIBRARY	0	101,448	0	74,569
17.00	01700	SOCIAL SERVICE	0	18,936	0	27,452
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	253,378
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	437,189	0	23,114
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	18,950	0	6,148
23.01	02301	PARAMED ED PRGM-PHARMACY	0	1,857	0	7,644
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,994,584	3,845,408	4,555,743	902,043
31.00	03100	INTENSIVE CARE UNIT	125,490	321,438	286,627	113,804
32.00	03200	CORONARY CARE UNIT	148,905	311,413	340,107	127,255
32.01	03201	NEONATAL CARE UNIT	295,187	311,757	674,224	184,295
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	227,651	386,183	519,968	114,833
41.00	04100	SUBPROVIDER - IRF	260,901	348,887	595,912	106,592
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	200,070	39,784	456,971	21,006
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	624,683	0	255,030
50.01	03023	ACUPUNCTURE	0	0	0	0
51.00	05100	RECOVERY ROOM	0	54,265	0	33,350
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	334,186	0	102,072
53.00	05300	ANESTHESIOLOGY	0	8,182	0	11,583
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	688,795	0	184,254
55.00	05500	RADIOLOGY-THERAPEUTIC	0	294,320	0	48,736
56.00	05600	RADIOISOTOPE	0	126,504	0	32,373
57.00	05700	CT SCAN	0	67,728	0	43,464
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	147,132	0	36,921
59.00	05900	CARDIAC CATHETERIZATION	0	198,551	0	30,477
60.00	06000	LABORATORY	0	49,273	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	39,124	0	110,983
66.00	06600	PHYSICAL THERAPY	0	19,762	0	104,498
67.00	06700	OCCUPATIONAL THERAPY	0	439,348	0	135,209
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	50,965	0	50,821
70.00	07000	ELECTROENCEPHALOGRAPHY	0	78,372	0	20,835
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,931
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	23,653	0	14,802
75.00	07500	ASC (NON-DISTINCT PART)	0	196,956	0	72,495
76.00	03020	REHAB MEDICINE	0	19,033	0	9,407
76.20	03021	DAY HOSPITAL	0	57,359	0	13,580
76.30	03022	LITHOTRIPTER	0	0	0	0
76.45	03024	GASTROENTEROLOGY LAB	0	147,765	0	56,960
76.97	07697	CARDIAC REHABILITATION	0	26,211	0	7,383
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	DIABETES CARE CENTER	0	7,137	0	1,092
90.02	09002	OUTPATIENT CENTER	0	59,285	0	13,443
90.03	09003	PAIN CLINIC	0	59,271	0	9,703
90.05	09004	WOUND CARE CENTER	0	0	0	0
90.06	09005	ANTI-COAG LAB	0	34,435	0	12,724
90.07	09006	HEART RISK ASSESSMENT	0	15,210	0	2,807

COST ALLOCATION - GENERAL SERVICE COSTS

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Period:
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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		8.00	9.00	10.00	11.00	13.00	
91.00	09100 EMERGENCY	0	426,297	0	186,756	800,988	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,252,788	11,328,606	7,429,552	3,878,648	10,989,371	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	96,250	0	5,131	202	190.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,252,788	11,424,856	7,429,552	3,883,779	10,989,573	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,038,933				14.00
15.00	01500	PHARMACY	0	13,921,030			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5	7,909,005		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	2,257,199	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	18,388,785
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	170,188	870,292	1,384,098	13,951,723
31.00	03100	INTENSIVE CARE UNIT	0	37,660	107,176	87,081	0
32.00	03200	CORONARY CARE UNIT	0	21,231	120,846	103,329	0
32.01	03201	NEONATAL CARE UNIT	0	50,038	235,429	204,838	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	780	82,830	157,973	1,272,580
41.00	04100	SUBPROVIDER - IRF	0	4,352	94,929	181,046	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	11,937	47,888	138,834	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	98,224	509,646	0	1,619,358
50.01	03023	ACUPUNCTURE	0	0	0	0	0
51.00	05100	RECOVERY ROOM	0	15,795	85,083	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	29,589	108,441	0	0
53.00	05300	ANESTHESIOLOGY	0	222,433	265,131	0	213,157
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	31,276	400,452	0	7,423
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,158	203,181	0	0
56.00	05600	RADIOISOTOPE	0	619,363	98,976	0	0
57.00	05700	CT SCAN	0	56,108	469,217	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	21,099	262,248	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	265,426	186,855	0	0
60.00	06000	LABORATORY	0	0	560,815	0	565,238
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	58,466	0	0
65.00	06500	RESPIRATORY THERAPY	0	39,627	220,328	0	0
66.00	06600	PHYSICAL THERAPY	0	1,228	104,226	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	8,586	106,945	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	104,110	179,981	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	62	61,131	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	964,992	0	218,744	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,073,941	0	333,148	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,750,470	898,719	0	0
74.00	07400	RENAL DIALYSIS	0	10,831	17,880	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	29,174	162,613	0	0
76.00	03020	REHAB MEDICINE	0	0	5,986	0	0
76.20	03021	DAY HOSPITAL	0	56	12,869	0	0
76.30	03022	LITHOTRIPTER	0	0	30,266	0	0
76.45	03024	GASTROENTEROLOGY LAB	0	65,002	206,766	0	0
76.97	07697	CARDIAC REHABILITATION	0	0	9,091	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	DIABETES CARE CENTER	0	0	317	0	0
90.02	09002	OUTPATIENT CENTER	0	14,470	13,954	0	0
90.03	09003	PAIN CLINIC	0	25,389	19,785	0	0

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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	758	10,204	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	10,718	0	0	90.07
91.00	09100	EMERGENCY	0	214,138	517,433	0	759,306	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,038,933	13,920,563	7,909,005	2,257,199	18,388,785	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	467	0	0	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,038,933	13,921,030	7,909,005	2,257,199	18,388,785	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	9,580,422					22.00
23.00 02300 PARAMED PRGM-PASTORAL EDUC.	0	726,404				23.00
23.01 02301 PARAMED PRGM-PHARMACY	0	0	615,078			23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	7,268,744	480,399	226,349	136,273,327	-21,220,467	30.00
31.00 03100 INTENSIVE CARE UNIT	0	29,757	173,206	14,168,232	0	31.00
32.00 03200 CORONARY CARE UNIT	0	30,214	44,286	15,237,291	0	32.00
32.01 03201 NEONATAL CARE UNIT	0	70,068	17,714	20,110,044	0	32.01
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	663,005	54,037	0	15,168,792	-1,935,585	40.00
41.00 04100 SUBPROVIDER - IRF	0	61,929	0	12,732,464	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	3,320,338	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	843,674	0	0	40,090,873	-2,463,032	50.00
50.01 03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	3,505,959	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	12,254,277	0	52.00
53.00 05300 ANESTHESIOLOGY	111,053	0	0	4,372,770	-324,210	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,868	0	0	22,201,075	-11,291	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	12,405,016	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	5,564,985	0	56.00
57.00 05700 CT SCAN	0	0	0	6,306,430	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	5,874,357	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	4,776,836	0	59.00
60.00 06000 LABORATORY	294,485	0	0	21,527,163	-859,723	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	6,228,220	0	62.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	9,272,725	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	8,730,119	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	14,473,066	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	6,011,893	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	2,617,317	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	24,175,657	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	45,023,166	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	47,238	42,649,874	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	1,568,140	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	8,686,888	0	75.00
76.00 03020 REHAB MEDICINE	0	0	0	886,800	0	76.00
76.20 03021 DAY HOSPITAL	0	0	0	1,475,547	0	76.20
76.30 03022 LI THOTRIPTER	0	0	0	1,805,243	0	76.30
76.45 03024 GASTROENTEROLOGY LAB	0	0	0	7,994,198	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	0	825,518	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	0	138,371	0	90.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
90.02 09002 OUTPATIENT CENTER	0	0	0	1,622,202	0	90.02
90.03 09003 PAIN CLINIC	0	0	0	1,470,822	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	0	1,296,302	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	0	360,595	0	90.07
91.00 09100 EMERGENCY	395,593	0	106,285	23,297,492	-1,154,899	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	9,580,422	726,404	615,078	566,500,384	-27,969,207	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,004,648	0	190.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	9,580,422	726,404	615,078	567,505,032	-27,969,207	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

Period:
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.03	00530 PURCHASING RECEIVING AND STORES		5.03
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.		23.00
23.01	02301 PARAMED ED PRGM-PHARMACY		23.01
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	115,052,860	30.00
31.00	03100 INTENSIVE CARE UNIT	14,168,232	31.00
32.00	03200 CORONARY CARE UNIT	15,237,291	32.00
32.01	03201 NEONATAL CARE UNIT	20,110,044	32.01
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	13,233,207	40.00
41.00	04100 SUBPROVIDER - I RF	12,732,464	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	3,320,338	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	37,627,841	50.00
50.01	03023 ACUPUNCTURE	0	50.01
51.00	05100 RECOVERY ROOM	3,505,959	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	12,254,277	52.00
53.00	05300 ANESTHESIOLOGY	4,048,560	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	22,189,784	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	12,405,016	55.00
56.00	05600 RADIOISOTOPE	5,564,985	56.00
57.00	05700 CT SCAN	6,306,430	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	5,874,357	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,776,836	59.00
60.00	06000 LABORATORY	20,667,440	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,228,220	62.00
65.00	06500 RESPIRATORY THERAPY	9,272,725	65.00
66.00	06600 PHYSICAL THERAPY	8,730,119	66.00
67.00	06700 OCCUPATIONAL THERAPY	14,473,066	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	6,011,893	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,617,317	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,175,657	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	45,023,166	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	42,649,874	73.00
74.00	07400 RENAL DIALYSIS	1,568,140	74.00
75.00	07500 ASC (NON-DISTINCT PART)	8,686,888	75.00
76.00	03020 REHAB MEDICINE	886,800	76.00
76.20	03021 DAY HOSPITAL	1,475,547	76.20
76.30	03022 LI THOTRIPTER	1,805,243	76.30
76.45	03024 GASTROENTEROLOGY LAB	7,994,198	76.45
76.97	07697 CARDIAC REHABILITATION	825,518	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 DIABETES CARE CENTER	138,371	90.01
90.02	09002 OUTPATIENT CENTER	1,622,202	90.02
90.03	09003 PAIN CLINIC	1,470,822	90.03
90.05	09004 WOUND CARE CENTER	0	90.05
90.06	09005 ANTI-COAG LAB	1,296,302	90.06
90.07	09006 HEART RISK ASSESSMENT	360,595	90.07
91.00	09100 EMERGENCY	22,142,593	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140223

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Cost Center Description		Total	
		26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
	OTHER REIMBURSABLE COST CENTERS		
95.00	09500 AMBULANCE SERVICES	0	95.00
99.00	09900 CMHC	0	99.00
	SPECIAL PURPOSE COST CENTERS		
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	538,531,177	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,004,648	190.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	539,535,825	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:32 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	136,337	81,901	218,238	4.00
5.03 00530	PURCHASING RECEIVING AND STORES	720	419,504	252,008	672,232	5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	193,470	116,222	309,692	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	230,268	6,876,075	4,130,646	11,236,989	5.06
6.00 00600	MAINTENANCE & REPAIRS	82,434	4,239,251	2,546,633	6,868,318	6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	0	167,851	100,833	268,684	9.00
10.00 01000	DIETARY	7,830	526,265	316,141	850,236	10.00
11.00 01100	CAFETERIA	0	38,165	22,927	61,092	11.00
13.00 01300	NURSING ADMINISTRATION	390	149,195	89,626	239,211	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	175,246	218,201	131,079	524,526	14.00
15.00 01500	PHARMACY	146,326	132,839	79,800	358,965	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	121,146	72,776	193,922	16.00
17.00 01700	SOCIAL SERVICE	0	22,613	13,584	36,197	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	522,077	313,626	835,703	22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	0	22,630	13,594	36,224	23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	0	2,217	1,332	3,549	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	173,178	4,592,065	2,758,578	7,523,821	30.00
31.00 03100	INTENSIVE CARE UNIT	6,375	383,852	230,590	620,817	31.00
32.00 03200	CORONARY CARE UNIT	23,799	371,880	223,398	619,077	32.00
32.01 03201	NEONATAL CARE UNIT	1,080	372,291	223,645	597,016	32.01
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	3,435	461,167	277,036	741,638	40.00
41.00 04100	SUBPROVIDER - I/RF	38,516	416,630	250,281	705,427	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	47,509	28,540	76,049	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	170,923	745,977	448,129	1,365,029	50.00
50.01 03023	ACUPUNCTURE	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	64,802	38,928	103,730	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,315	399,075	239,735	640,125	52.00
53.00 05300	ANESTHESIOLOGY	0	9,771	5,870	15,641	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	288,195	822,537	494,120	1,604,852	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,373,446	351,467	211,136	1,936,049	55.00
56.00 05600	RADIOISOTOPE	6,000	151,068	90,755	247,818	56.00
57.00 05700	CT SCAN	146,274	80,879	48,586	275,739	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	979,435	175,701	105,548	1,260,684	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	237,103	142,434	379,537	59.00
60.00 06000	LABORATORY	0	58,841	35,347	94,188	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00 06500	RESPIRATORY THERAPY	68,176	46,721	28,067	142,964	65.00
66.00 06600	PHYSICAL THERAPY	0	23,599	14,176	37,775	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,560	524,655	315,175	844,390	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	60,861	36,561	97,422	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,900	93,590	56,222	151,712	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	900	28,246	16,968	46,114	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	235,198	141,290	376,488	75.00
76.00 03020	REHAB MEDICINE	0	22,728	13,653	36,381	76.00
76.20 03021	DAY HOSPITAL	0	68,497	41,148	109,645	76.20
76.30 03022	LITHOTRIPTER	0	0	0	0	76.30
76.45 03024	GASTROENTEROLOGY LAB	48,000	176,456	106,002	330,458	76.45
76.97 07697	CARDIAC REHABILITATION	0	31,301	18,803	50,104	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETES CARE CENTER	0	8,523	5,120	13,643	90.01
90.02 09002	OUTPATIENT CENTER	0	70,796	42,529	113,325	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

Period:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
90.03 09003 PAIN CLINIC	0	70,780	42,519	113,299	439	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	41,121	24,703	65,824	576	90.06
90.07 09006 HEART RISK ASSESSMENT	0	18,163	10,911	29,074	127	90.07
91.00 09100 EMERGENCY	0	509,071	305,813	814,884	8,449	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,978,721	25,560,757	15,355,039	44,894,517	218,006	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	394	114,939	69,047	184,380	232	190.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,979,115	25,675,696	15,424,086	45,078,897	218,238	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:32 am		
Cost Center Description		PURCHASING RECEIVING AND STORES 5.03	CASHIERING/ACC OUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03	00530	PURCHASING RECEIVING AND STORES	673,523			5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	271	315,714		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	11,103	0	11,269,560	5.06
6.00	00600	MAINTENANCE & REPAIRS	13,872	0	774,400	7,661,542
7.00	00700	OPERATION OF PLANT	0	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	64,595	0
9.00	00900	HOUSEKEEPING	6,308	0	217,469	93,114
10.00	01000	DIETARY	31,509	0	109,280	291,940
11.00	01100	CAFETERIA	0	0	74,351	21,172
13.00	01300	NURSING ADMINISTRATION	428	0	204,901	82,765
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	43,597	121,045
15.00	01500	PHARMACY	2,093	0	263,005	73,691
16.00	01600	MEDICAL RECORDS & LIBRARY	153	0	146,772	67,205
17.00	01700	SOCIAL SERVICE	52	0	42,433	12,545
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	360,124	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	743	0	151,710	289,617
23.00	02300	PARAMED PRGM-PASTORAL EDUC.	119	0	12,658	12,554
23.01	02301	PARAMED PRGM-PHARMACY	0	0	11,902	1,230
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,771	34,669	1,648,071	2,547,398
31.00	03100	INTENSIVE CARE UNIT	5,825	4,269	224,672	212,938
32.00	03200	CORONARY CARE UNIT	4,618	4,814	247,476	206,297
32.01	03201	NEONATAL CARE UNIT	5,050	9,379	324,822	206,524
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 - I PF	661	3,300	196,032	255,828
41.00	04100	SUBPROVIDER - I RF	1,698	3,782	186,842	231,121
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	398	1,908	43,552	26,355
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	47,034	20,302	659,157	413,823
50.01	03023	ACUPUNCTURE	0	0	0	0
51.00	05100	RECOVERY ROOM	492	3,389	59,571	35,948
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,540	4,320	201,117	221,383
53.00	05300	ANESTHESIOLOGY	10,165	10,562	68,632	5,420
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,486	15,952	365,316	456,294
55.00	05500	RADIOLOGY-THERAPEUTIC	283	8,094	215,767	194,973
56.00	05600	RADIOISOTOPE	439	3,943	84,619	83,803
57.00	05700	CT SCAN	2,510	18,692	108,060	44,867
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,903	10,447	95,146	97,468
59.00	05900	CARDIAC CATHETERIZATION	0	7,444	65,920	131,531
60.00	06000	LABORATORY	0	22,341	395,009	32,641
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	27,470	2,329	122,522	0
65.00	06500	RESPIRATORY THERAPY	6,337	8,777	173,263	25,918
66.00	06600	PHYSICAL THERAPY	752	4,152	167,412	13,091
67.00	06700	OCCUPATIONAL THERAPY	3,825	4,260	244,024	291,047
68.00	06800	SPEECH PATHOLOGY	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	1,372	7,170	104,066	33,762
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,435	43,323	51,918
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,903	8,714	456,407	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	291,512	13,271	846,290	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	36,451	594,829	0
74.00	07400	RENAL DIALYSIS	525	712	27,250	15,669
75.00	07500	ASC (NON-DISTINCT PART)	5,474	6,478	144,972	130,474
76.00	03020	REHAB MEDICINE	71	238	15,647	12,608
76.20	03021	DAY HOSPITAL	58	513	23,269	37,998
76.30	03022	LITHOTRIPTER	0	1,206	35,248	0
76.45	03024	GASTROENTEROLOGY LAB	8,895	8,237	135,083	97,887
76.97	07697	CARDIAC REHABILITATION	112	362	13,252	17,364
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	DIABETES CARE CENTER	2	13	2,040	4,728
90.02	09002	OUTPATIENT CENTER	175	556	25,432	39,273
90.03	09003	PAIN CLINIC	777	788	22,468	39,264
90.05	09004	WOUND CARE CENTER	0	0	0	0
90.06	09005	ANTI-COAG LAB	388	406	22,279	22,812

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			PURCHASING RECEIVING AND STORES	CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.03	5.05	5.06	6.00	7.00	
90.07	09006	HEART RISK ASSESSMENT	10	427	5,572	10,076	0	90.07
91.00	09100	EMERGENCY	10,138	20,612	366,455	282,402	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	673,320	315,714	11,258,081	7,597,781	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	203	0	11,479	63,761	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	673,523	315,714	11,269,560	7,661,542	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:32 am				
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION		
		8.00	9.00	10.00	11.00	13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	64,595				8.00	
9.00	00900	HOUSEKEEPING	0	590,448			9.00	
10.00	01000	DIETARY	0	22,776	1,307,391		10.00	
11.00	01100	CAFETERIA	0	1,652	0	160,723	11.00	
13.00	01300	NURSING ADMINISTRATION	0	6,457	0	5,186	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,443	0	890	14.00	
15.00	01500	PHARMACY	0	5,749	0	6,583	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	5,243	0	3,087	16.00	
17.00	01700	SOCIAL SERVICE	0	979	0	1,136	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	10,488	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	22,594	0	957	22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	979	0	255	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	96	0	316	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	39,609	198,736	801,682	37,298	230,741	30.00
31.00	03100	INTENSIVE CARE UNIT	2,492	16,612	50,438	4,711	24,208	31.00
32.00	03200	CORONARY CARE UNIT	2,957	16,094	59,849	5,268	23,674	32.00
32.01	03201	NEONATAL CARE UNIT	5,862	16,112	118,644	7,629	32,633	32.01
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	4,521	19,958	91,500	4,753	25,542	40.00
41.00	04100	SUBPROVIDER - IRF	5,181	18,031	104,864	4,412	24,425	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,973	2,056	80,414	870	3,797	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	32,284	0	10,557	41,689	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,804	0	1,380	6,675	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	17,271	0	4,225	21,094	52.00
53.00	05300	ANESTHESIOLOGY	0	423	0	479	2,853	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	35,598	0	7,627	8,253	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	15,211	0	2,017	0	55.00
56.00	05600	RADIOISOTOPE	0	6,538	0	1,340	7	56.00
57.00	05700	CT SCAN	0	3,500	0	1,799	2	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,604	0	1,528	5,929	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,261	0	1,262	5,281	59.00
60.00	06000	LABORATORY	0	2,546	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,022	0	4,594	290	65.00
66.00	06600	PHYSICAL THERAPY	0	1,021	0	4,326	174	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	22,706	0	5,597	667	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,634	0	2,104	10,596	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	4,050	0	862	550	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	370	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	1,222	0	613	2,428	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	10,179	0	3,001	12,949	75.00
76.00	03020	REHAB MEDICINE	0	984	0	389	13	76.00
76.20	03021	DAY HOSPITAL	0	2,964	0	562	1,316	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	7,637	0	2,358	10,762	76.45
76.97	07697	CARDIAC REHABILITATION	0	1,355	0	306	1,346	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	369	0	45	151	90.01
90.02	09002	OUTPATIENT CENTER	0	3,064	0	556	2,008	90.02
90.03	09003	PAIN CLINIC	0	3,063	0	402	1,259	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	1,780	0	527	8	90.06
90.07	09006	HEART RISK ASSESSMENT	0	786	0	116	0	90.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
			8.00	9.00	10.00	11.00	13.00	
91.00	09100	EMERGENCY	0	22,031	0	7,730	39,695	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	64,595	585,474	1,307,391	160,511	544,606	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,974	0	212	10	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	64,595	590,448	1,307,391	160,723	544,616	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:32 am				
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES		
		14.00	15.00	16.00	17.00	21.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.03	00530	PURCHASING RECEIVING AND STORES				5.03		
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06		
6.00	00600	MAINTENANCE & REPAIRS				6.00		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY				10.00		
11.00	01100	CAFETERIA				11.00		
13.00	01300	NURSING ADMINISTRATION				13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	701,624			14.00		
15.00	01500	PHARMACY	0	718,853		15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	419,756	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	95,090	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	382,120	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	8,788	46,225	58,308	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	1,945	5,693	3,669	31.00	
32.00	03200	CORONARY CARE UNIT	0	1,096	6,419	4,353	32.00	
32.01	03201	NEONATAL CARE UNIT	0	2,584	12,505	8,629	32.01	
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	40	4,399	6,655	40.00	
41.00	04100	SUBPROVIDER - IRF	0	225	5,042	7,627	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	42.00	
43.00	04300	NURSERY	0	616	2,544	5,849	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,072	27,070	0	50.00	
50.01	03023	ACUPUNCTURE	0	0	0	0	50.01	
51.00	05100	RECOVERY ROOM	0	816	4,519	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,528	5,760	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	11,486	14,082	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,615	21,270	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	60	10,792	0	55.00	
56.00	05600	RADIOISOTOPE	0	31,983	5,257	0	56.00	
57.00	05700	CT SCAN	0	2,897	24,922	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,090	13,929	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	13,706	9,925	0	59.00	
60.00	06000	LABORATORY	0	0	29,787	0	60.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	3,105	0	62.00	
65.00	06500	RESPIRATORY THERAPY	0	2,046	11,703	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	63	5,536	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	443	5,680	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	5,376	9,560	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3	3,247	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	222,800	0	11,618	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	478,824	0	17,695	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	606,770	47,407	0	73.00	
74.00	07400	RENAL DIALYSIS	0	559	950	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	1,507	8,637	0	75.00	
76.00	03020	REHAB MEDICINE	0	0	318	0	76.00	
76.20	03021	DAY HOSPITAL	0	3	684	0	76.20	
76.30	03022	LITHOTRIPTER	0	0	1,608	0	76.30	
76.45	03024	GASTROENTEROLOGY LAB	0	3,357	10,982	0	76.45	
76.97	07697	CARDIAC REHABILITATION	0	0	483	0	76.97	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	DIABETES CARE CENTER	0	0	17	0	90.01	
90.02	09002	OUTPATIENT CENTER	0	747	741	0	90.02	
90.03	09003	PAIN CLINIC	0	1,311	1,051	0	90.03	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
			14.00	15.00	16.00	17.00	21.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0		90.05
90.06	09005	ANTI-COAG LAB	0	39	542	0		90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	569	0		90.07
91.00	09100	EMERGENCY	0	11,058	27,483	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
99.00	09900	CMHC	0	0	0	0		99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0		111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	701,624	718,829	419,756	95,090	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24	0	0		190.00
200.00		Cross Foot Adjustments					382,120	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	701,624	718,853	419,756	95,090	382,120	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:32 am
Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM-PASTORAL EDUC.	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-OTHER PRGM COSTS				
	22.00	23.00	23.01	24.00	25.00
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.03 00530	PURCHASING RECEIVING AND STORES				5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,302,689			22.00
23.00 02300	PARAMED PRGM-PASTORAL EDUC.		63,067		23.00
23.01 02301	PARAMED PRGM-PHARMACY			17,439	23.01
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS			13,237,013	0 30.00
31.00 03100	INTENSIVE CARE UNIT			1,183,438	0 31.00
32.00 03200	CORONARY CARE UNIT			1,207,749	0 32.00
32.01 03201	NEONATAL CARE UNIT			1,355,727	0 32.01
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			1,360,022	0 40.00
41.00 04100	SUBPROVIDER - IRF			1,303,500	0 41.00
42.00 04200	SUBPROVIDER			0	0 42.00
43.00 04300	NURSERY			249,331	0 43.00
44.00 04400	SKILLED NURSING FACILITY			0	0 44.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM			2,633,555	0 50.00
50.01 03023	ACUPUNCTURE			0	0 50.01
51.00 05100	RECOVERY ROOM			220,833	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			1,127,981	0 52.00
53.00 05300	ANESTHESIOLOGY			140,267	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			2,529,599	0 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC			2,385,451	0 55.00
56.00 05600	RADIOISOTOPE			467,212	0 56.00
57.00 05700	CT SCAN			484,954	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)			1,498,398	0 58.00
59.00 05900	CARDIAC CATHETERIZATION			626,246	0 59.00
60.00 06000	LABORATORY			576,512	0 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS			155,426	0 62.00
65.00 06500	RESPIRATORY THERAPY			382,935	0 65.00
66.00 06600	PHYSICAL THERAPY			239,030	0 66.00
67.00 06700	OCCUPATIONAL THERAPY			1,428,756	0 67.00
68.00 06800	SPEECH PATHOLOGY			0	0 68.00
69.00 06900	ELECTROCARDIOLOGY			276,361	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY			259,043	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			835,216	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT			1,647,592	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			1,285,457	0 73.00
74.00 07400	RENAL DIALYSIS			96,712	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)			703,439	0 75.00
76.00 03020	REHAB MEDICINE			67,075	0 76.00
76.20 03021	DAY HOSPITAL			177,626	0 76.20
76.30 03022	LITHOTRIPTER			38,062	0 76.30
76.45 03024	GASTROENTEROLOGY LAB			618,233	0 76.45
76.97 07697	CARDIAC REHABILITATION			85,018	0 76.97
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC			0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0 89.00
90.00 09000	CLINIC			0	0 90.00
90.01 09001	DIABETES CARE CENTER			21,057	0 90.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS	PARAMED ED PRGM-PASTORAL EDUC.	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-OTHER PRGM COSTS					
	22.00	23.00	23.01	24.00	25.00	
90.02 09002 OUTPATIENT CENTER				186,485	0	90.02
90.03 09003 PAIN CLINIC				184,121	0	90.03
90.05 09004 WOUND CARE CENTER				0	0	90.05
90.06 09005 ANTI-COAG LAB				115,181	0	90.06
90.07 09006 HEART RISK ASSESSMENT				46,757	0	90.07
91.00 09100 EMERGENCY				1,610,937	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES				0	0	95.00
99.00 09900 CMHC				0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION				0	0	109.00
110.00 11000 INTESTINAL ACQUISITION				0	0	110.00
111.00 11100 ISLET ACQUISITION				0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	43,048,307	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN				265,275	0	190.00
200.00 Cross Foot Adjustments	1,302,689	63,067	17,439	1,765,315	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,302,689	63,067	17,439	45,078,897	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/29/2014 8:32 am
Cost Center Description		Total		
		26.00		
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.03	00530 PURCHASING RECEIVING AND STORES			5.03
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL			5.06
6.00	00600 MAINTENANCE & REPAIRS			6.00
7.00	00700 OPERATION OF PLANT			7.00
8.00	00800 LAUNDRY & LINEN SERVICE			8.00
9.00	00900 HOUSEKEEPING			9.00
10.00	01000 DIETARY			10.00
11.00	01100 CAFETERIA			11.00
13.00	01300 NURSING ADMINISTRATION			13.00
14.00	01400 CENTRAL SERVICES & SUPPLY			14.00
15.00	01500 PHARMACY			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY			16.00
17.00	01700 SOCIAL SERVICE			17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD			21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD			22.00
23.00	02300 PARAMED ED PRGM-PASTORAL EDUC.			23.00
23.01	02301 PARAMED ED PRGM-PHARMACY			23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	13,237,013		30.00
31.00	03100 INTENSIVE CARE UNIT	1,183,438		31.00
32.00	03200 CORONARY CARE UNIT	1,207,749		32.00
32.01	03201 NEONATAL CARE UNIT	1,355,727		32.01
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	1,360,022		40.00
41.00	04100 SUBPROVIDER - I RF	1,303,500		41.00
42.00	04200 SUBPROVIDER	0		42.00
43.00	04300 NURSERY	249,331		43.00
44.00	04400 SKILLED NURSING FACILITY	0		44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	2,633,555		50.00
50.01	03023 ACUPUNCTURE	0		50.01
51.00	05100 RECOVERY ROOM	220,833		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,127,981		52.00
53.00	05300 ANESTHESIOLOGY	140,267		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,529,599		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,385,451		55.00
56.00	05600 RADIOISOTOPE	467,212		56.00
57.00	05700 CT SCAN	484,954		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,498,398		58.00
59.00	05900 CARDIAC CATHETERIZATION	626,246		59.00
60.00	06000 LABORATORY	576,512		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	155,426		62.00
65.00	06500 RESPIRATORY THERAPY	382,935		65.00
66.00	06600 PHYSICAL THERAPY	239,030		66.00
67.00	06700 OCCUPATIONAL THERAPY	1,428,756		67.00
68.00	06800 SPEECH PATHOLOGY	0		68.00
69.00	06900 ELECTROCARDIOLOGY	276,361		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	259,043		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	835,216		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,647,592		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,285,457		73.00
74.00	07400 RENAL DIALYSIS	96,712		74.00
75.00	07500 ASC (NON-DISTINCT PART)	703,439		75.00
76.00	03020 REHAB MEDICINE	67,075		76.00
76.20	03021 DAY HOSPITAL	177,626		76.20
76.30	03022 LI THOTRIPTER	38,062		76.30
76.45	03024 GASTROENTEROLOGY LAB	618,233		76.45
76.97	07697 CARDIAC REHABILITATION	85,018		76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		89.00
90.00	09000 CLINIC	0		90.00
90.01	09001 DIABETES CARE CENTER	21,057		90.01
90.02	09002 OUTPATIENT CENTER	186,485		90.02
90.03	09003 PAIN CLINIC	184,121		90.03
90.05	09004 WOUND CARE CENTER	0		90.05
90.06	09005 ANTI-COAG LAB	115,181		90.06
90.07	09006 HEART RISK ASSESSMENT	46,757		90.07
91.00	09100 EMERGENCY	1,610,937		91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140223

Period:
From 01/01/2013
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Worksheet B
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Cost Center Description		Total	
		26.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
	OTHER REIMBURSABLE COST CENTERS		
95.00	09500 AMBULANCE SERVICES	0	95.00
99.00	09900 CMHC	0	99.00
	SPECIAL PURPOSE COST CENTERS		
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	43,048,307	118.00
	NONREIMBURSABLE COST CENTERS		
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	265,275	190.00
200.00	Cross Foot Adjustments	1,765,315	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	45,078,897	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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)	PURCHASING RECEIVING AND STORES (PURCHASED REQUISITION)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,563,478				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		1,563,478			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	8,302	8,302	229,152,791		4.00
5.03 00530	PURCHASING RECEIVING AND STORES	25,545	25,545	1,355,843	76,862,205	5.03
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	11,781	11,781	6,040,713	30,931	1,909,345,724 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	418,707	418,707	22,550,903	1,267,001	0 5.06
6.00 00600	MAINTENANCE & REPAIRS	258,142	258,142	5,202,116	1,582,966	0 6.00
7.00 00700	OPERATION OF PLANT	0	0	0	0	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0 8.00
9.00 00900	HOUSEKEEPING	10,221	10,221	5,119,189	719,819	0 9.00
10.00 01000	DIETARY	32,046	32,046	1,733,672	3,595,641	0 10.00
11.00 01100	CAFETERIA	2,324	2,324	2,579,514	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	9,085	9,085	5,954,250	48,786	0 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	13,287	13,287	1,021,657	0	0 14.00
15.00 01500	PHARMACY	8,089	8,089	7,558,162	238,811	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,377	7,377	3,543,814	17,442	0 16.00
17.00 01700	SOCIAL SERVICE	1,377	1,377	1,304,641	5,957	0 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,041,545	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,791	31,791	1,098,480	84,779	0 22.00
23.00 02300	PARAMED ED PRGM-PASTORAL EDUC.	1,378	1,378	292,193	13,586	0 23.00
23.01 02301	PARAMED ED PRGM-PHARMACY	135	135	363,278	0	0 23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	279,626	279,626	42,866,774	2,370,302	210,113,876 30.00
31.00 03100	INTENSIVE CARE UNIT	23,374	23,374	5,408,443	664,685	25,875,410 31.00
32.00 03200	CORONARY CARE UNIT	22,645	22,645	6,047,690	527,031	29,175,800 32.00
32.01 03201	NEONATAL CARE UNIT	22,670	22,670	8,758,419	576,322	56,839,398 32.01
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	28,082	28,082	5,457,317	75,467	19,997,654 40.00
41.00 04100	SUBPROVIDER - IRF	25,370	25,370	5,065,675	193,819	22,918,579 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	2,893	2,893	998,303	45,454	11,561,647 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	45,425	45,425	12,120,028	5,367,337	123,043,380 50.00
50.01 03023	ACUPUNCTURE	0	0	0	0	0 50.01
51.00 05100	RECOVERY ROOM	3,946	3,946	1,584,932	56,177	20,541,552 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	24,301	24,301	4,850,848	746,359	26,180,921 52.00
53.00 05300	ANESTHESIOLOGY	595	595	550,468	1,159,999	64,010,410 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	50,087	50,087	8,756,483	511,944	96,680,726 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	21,402	21,402	2,316,130	32,248	49,053,753 55.00
56.00 05600	RADIOISOTOPE	9,199	9,199	1,538,517	50,053	23,895,803 56.00
57.00 05700	CT SCAN	4,925	4,925	2,065,600	286,468	113,282,738 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,699	10,699	1,754,627	331,304	63,314,299 58.00
59.00 05900	CARDIAC CATHETERIZATION	14,438	14,438	1,448,394	0	45,112,321 59.00
60.00 06000	LABORATORY	3,583	3,583	0	0	135,397,169 60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	3,134,806	14,115,500 62.00
65.00 06500	RESPIRATORY THERAPY	2,845	2,845	5,274,351	723,164	53,193,548 65.00
66.00 06600	PHYSICAL THERAPY	1,437	1,437	4,966,140	85,869	25,163,288 66.00
67.00 06700	OCCUPATIONAL THERAPY	31,948	31,948	6,425,678	436,525	25,819,555 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,706	3,706	2,415,207	156,557	43,452,619 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,699	5,699	990,139	0	14,758,771 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	424,438	15,394,620	52,811,162 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	33,268,492	80,431,622 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	216,857,974 73.00
74.00 07400	RENAL DIALYSIS	1,720	1,720	703,460	59,954	4,316,775 74.00
75.00 07500	ASC (NON-DISTINCT PART)	14,322	14,322	3,445,262	624,642	39,259,426 75.00
76.00 03020	REHAB MEDICINE	1,384	1,384	447,068	8,082	1,445,154 76.00
76.20 03021	DAY HOSPITAL	4,171	4,171	645,364	6,661	3,106,946 76.20
76.30 03022	LITHOTRIPTER	0	0	0	0	7,307,024 76.30
76.45 03024	GASTROENTEROLOGY LAB	10,745	10,745	2,706,972	1,015,091	49,919,414 76.45
76.97 07697	CARDIAC REHABILITATION	1,906	1,906	350,868	12,787	2,194,821 76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETES CARE CENTER	519	519	51,901	232	76,462 90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	PURCHASING RECEIVING AND STORES (PURCHASED REQUIREMENT)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					4.00
90.02	09002	OUTPATIENT CENTER	4,311	4,311	638,875	19,918	3,368,965	90.02
90.03	09003	PAIN CLINIC	4,310	4,310	461,141	88,723	4,776,687	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	2,504	2,504	604,682	44,230	2,463,551	90.06
90.07	09006	HEART RISK ASSESSMENT	1,106	1,106	133,394	1,171	2,587,612	90.07
91.00	09100	EMERGENCY	30,999	30,999	8,875,409	1,156,861	124,923,412	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,556,479	1,556,479	228,908,967	76,839,073	1,909,345,724	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,999	6,999	243,824	23,132	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	25,675,696	15,424,086	58,133,884	3,230,072	18,720,089	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.422166	9.865240	0.253690	0.042024	0.009804	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			218,238	673,523	315,714	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000952	0.008763	0.000165	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)		
		5A.06	5.06	6.00	7.00	8.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-95,076,708	472,428,324			5.06	
6.00	00600	MAINTENANCE & REPAIRS	0	32,462,779	841,001		6.00	
7.00	00700	OPERATION OF PLANT	0	0	0	841,001	7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,707,834	0	153,787	8.00	
9.00	00900	HOUSEKEEPING	0	9,116,266	10,221	0	9.00	
10.00	01000	DIETARY	0	4,581,001	32,046	32,046	10.00	
11.00	01100	CAFETERIA	0	3,116,800	2,324	2,324	11.00	
13.00	01300	NURSING ADMINISTRATION	0	8,589,453	9,085	9,085	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,827,597	13,287	13,287	14.00	
15.00	01500	PHARMACY	0	11,025,144	8,089	8,089	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,152,688	7,377	7,377	16.00	
17.00	01700	SOCIAL SERVICE	0	1,778,772	1,377	1,377	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	15,096,365	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,359,683	31,791	31,791	22.00	
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	0	530,622	1,378	1,378	23.00	
23.01	02301	PARAMED ED PRGM-PHARMACY	0	498,911	135	135	23.01	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	69,096,160	279,626	279,626	94,301	30.00
31.00	03100	INTENSIVE CARE UNIT	0	9,418,253	23,374	23,374	5,933	31.00
32.00	03200	CORONARY CARE UNIT	0	10,374,179	22,645	22,645	7,040	32.00
32.01	03201	NEONATAL CARE UNIT	0	13,616,504	22,670	22,670	13,956	32.01
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	8,217,633	28,082	28,082	10,763	40.00
41.00	04100	SUBPROVIDER - I RF	0	7,832,414	25,370	25,370	12,335	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	1,825,677	2,893	2,893	9,459	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	27,631,821	45,425	45,425	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	2,497,232	3,946	3,946	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	8,430,827	24,301	24,301	0	52.00
53.00	05300	ANESTHESIOLOGY	0	2,877,069	595	595	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	15,314,042	50,087	50,087	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	9,044,940	21,402	21,402	0	55.00
56.00	05600	RADIOISOTOPE	0	3,547,204	9,199	9,199	0	56.00
57.00	05700	CT SCAN	0	4,529,861	4,925	4,925	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,988,526	10,699	10,699	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,763,359	14,438	14,438	0	59.00
60.00	06000	LABORATORY	0	16,558,749	3,583	3,583	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	5,136,107	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	7,263,170	2,845	2,845	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,017,899	1,437	1,437	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,229,454	31,948	31,948	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	4,362,419	3,706	3,706	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,816,082	5,699	5,699	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,132,546	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	35,476,413	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	24,935,211	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	1,142,331	1,720	1,720	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	6,077,219	14,322	14,322	0	75.00
76.00	03020	REHAB MEDICINE	0	655,930	1,384	1,384	0	76.00
76.20	03021	DAY HOSPITAL	0	975,429	4,171	4,171	0	76.20
76.30	03022	LITHOTRIPTER	0	1,477,607	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	5,662,689	10,745	10,745	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	555,504	1,906	1,906	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	85,500	519	519	0	90.01
90.02	09002	OUTPATIENT CENTER	0	1,066,091	4,311	4,311	0	90.02
90.03	09003	PAIN CLINIC	0	941,866	4,310	4,310	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT DAYS)	
		5A.06	5.06	6.00	7.00	8.00	
90.05	09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	933,952	2,504	2,504	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	233,570	1,106	1,106	0	90.07
91.00	09100 EMERGENCY	0	15,361,751	30,999	30,999	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-95,076,708	471,947,105	834,002	834,002	153,787	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	481,219	6,999	6,999	0	190.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)		95,076,708	38,995,946	0	3,252,788	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)		0.201251	46.368489	0.000000	21.151255	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		11,269,560	7,661,542	0	64,595	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.023855	9.110027	0.000000	0.420029	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	830,780					9.00
10.00	01000	DIETARY	32,046	153,787				10.00
11.00	01100	CAFETERIA	2,324	0	184,570,841			11.00
13.00	01300	NURSING ADMINISTRATION	9,085	0	5,954,250	4,305,551		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	13,287	0	1,021,657	9,094	48,748,243	14.00
15.00	01500	PHARMACY	8,089	0	7,558,162	12,424	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	7,377	0	3,543,814	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,377	0	1,304,641	4,000	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	12,041,545	346	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	31,791	0	1,098,480	2,524	0	22.00
23.00	02300	PARAMED ED PRGM-PASTORAL EDUC.	1,378	0	292,193	0	0	23.00
23.01	02301	PARAMED ED PRGM-PHARMACY	135	0	363,278	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	279,626	94,301	42,866,774	1,824,173	0	30.00
31.00	03100	INTENSIVE CARE UNIT	23,374	5,933	5,408,443	191,383	0	31.00
32.00	03200	CORONARY CARE UNIT	22,645	7,040	6,047,690	187,155	0	32.00
32.01	03201	NEONATAL CARE UNIT	22,670	13,956	8,758,419	257,983	0	32.01
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	28,082	10,763	5,457,317	201,923	0	40.00
41.00	04100	SUBPROVIDER - I RF	25,370	12,335	5,065,675	193,092	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,893	9,459	998,303	30,014	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	45,425	0	12,120,028	329,576	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	3,946	0	1,584,932	52,771	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,301	0	4,850,848	166,763	0	52.00
53.00	05300	ANESTHESIOLOGY	595	0	550,468	22,551	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,087	0	8,756,483	65,248	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	21,402	0	2,316,130	0	0	55.00
56.00	05600	RADIOISOTOPE	9,199	0	1,538,517	56	0	56.00
57.00	05700	CT SCAN	4,925	0	2,065,600	19	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	10,699	0	1,754,627	46,873	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,438	0	1,448,394	41,753	0	59.00
60.00	06000	LABORATORY	3,583	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	2,845	0	5,274,351	2,294	0	65.00
66.00	06600	PHYSICAL THERAPY	1,437	0	4,966,140	1,377	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,948	0	6,425,678	5,272	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,706	0	2,415,207	83,769	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,699	0	990,139	4,346	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	424,438	0	15,479,751	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	33,268,492	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	1,720	0	703,460	19,195	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	14,322	0	3,445,262	102,372	0	75.00
76.00	03020	REHAB MEDICINE	1,384	0	447,068	103	0	76.00
76.20	03021	DAY HOSPITAL	4,171	0	645,364	10,400	0	76.20
76.30	03022	LI THOTRI PTER	0	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	10,745	0	2,706,972	85,082	0	76.45
76.97	07697	CARDIAC REHABILITATION	1,906	0	350,868	10,639	0	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	519	0	51,901	1,196	0	90.01
90.02	09002	OUTPATIENT CENTER	4,311	0	638,875	15,872	0	90.02
90.03	09003	PAIN CLINIC	4,310	0	461,141	9,955	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description			HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT DAYS)	CAFETERIA (GROSS SALARIES)	NURSING ADMINISTRATION (NURSING SALARIES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	
			9.00	10.00	11.00	13.00	14.00	
90.05	09004	WOUND CARE CENTER	0	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	2,504	0	604,682	64	0	90.06
90.07	09006	HEART RISK ASSESSMENT	1,106	0	133,394	0	0	90.07
91.00	09100	EMERGENCY	30,999	0	8,875,409	313,815	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	823,781	153,787	184,327,017	4,305,472	48,748,243	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,999	0	243,824	79	0	190.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	11,424,856	7,429,552	3,883,779	10,989,573	3,038,933	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.751963	48.310663	0.021042	2.552420	0.062339	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	590,448	1,307,391	160,723	544,616	701,624	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.710715	8.501310	0.000871	0.126492	0.014393	205.00

COST ALLOCATION - STATISTICAL BASIS

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.03 00530 PURCHASING RECEIVING AND STORES						5.03
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	25,219,731					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	9	1,909,345,724				16.00
17.00 01700 SOCIAL SERVICE	0	0	153,787			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	17,340		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	17,340	22.00
23.00 02300 PARAMED ED PRGM-PASTORAL EDUC.	0	0	0	0	0	23.00
23.01 02301 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.01
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	308,318	210,113,876	94,301	13,156	13,156	30.00
31.00 03100 INTENSIVE CARE UNIT	68,225	25,875,410	5,933	0	0	31.00
32.00 03200 CORONARY CARE UNIT	38,462	29,175,800	7,040	0	0	32.00
32.01 03201 NEONATAL CARE UNIT	90,651	56,839,398	13,956	0	0	32.01
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	1,413	19,997,654	10,763	1,200	1,200	40.00
41.00 04100 SUBPROVIDER - IRF	7,885	22,918,579	12,335	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	21,626	11,561,647	9,459	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	177,946	123,043,380	0	1,527	1,527	50.00
50.01 03023 ACUPUNCTURE	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	28,614	20,541,552	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	53,604	26,180,921	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	402,965	64,010,410	0	201	201	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	56,660	96,680,726	0	7	7	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	2,097	49,053,753	0	0	0	55.00
56.00 05600 RADIOISOTOPE	1,122,054	23,895,803	0	0	0	56.00
57.00 05700 CT SCAN	101,646	113,282,738	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	38,223	63,314,299	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	480,853	45,112,321	0	0	0	59.00
60.00 06000 LABORATORY	0	135,397,169	0	533	533	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,115,500	0	0	0	62.00
65.00 06500 RESPIRATORY THERAPY	71,789	53,193,548	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2,225	25,163,288	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	15,554	25,819,555	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	188,608	43,452,619	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	112	14,758,771	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,811,162	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	80,431,622	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	21,287,489	216,857,974	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	19,622	4,316,775	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	52,853	39,259,426	0	0	0	75.00
76.00 03020 REHAB MEDICINE	0	1,445,154	0	0	0	76.00
76.20 03021 DAY HOSPITAL	101	3,106,946	0	0	0	76.20
76.30 03022 LI THOTRIPTER	0	7,307,024	0	0	0	76.30
76.45 03024 GASTROENTEROLOGY LAB	117,760	49,919,414	0	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	2,194,821	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	76,462	0	0	0	90.01

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS REVENUES)	SOCIAL SERVICE (PATIENT DAYS)	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	15.00	16.00	17.00	21.00	22.00	
90.02 09002 OUTPATIENT CENTER	26,215	3,368,965	0	0	0	90.02
90.03 09003 PAIN CLINIC	45,995	4,776,687	0	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	0	0	0	90.05
90.06 09005 ANTI-COAG LAB	1,373	2,463,551	0	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	2,587,612	0	0	0	90.07
91.00 09100 EMERGENCY	387,938	124,923,412	0	716	716	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	25,218,885	1,909,345,724	153,787	17,340	17,340	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	846	0	0	0	0	190.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	13,921,030	7,909,005	2,257,199	18,388,785	9,580,422	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.551990	0.004142	14.677437	1,060.483564	552.504152	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	718,853	419,756	95,090	382,120	1,302,689	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.028504	0.000220	0.618323	22.036909	75.126240	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
2.00	00200			2.00
4.00	00400			4.00
5.03	00530			5.03
5.05	00550			5.05
5.06	00560			5.06
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300	144,684		23.00
23.01	02301	0	5,000	23.01
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	95,685	1,840	30.00
31.00	03100	5,927	1,408	31.00
32.00	03200	6,018	360	32.00
32.01	03201	13,956	144	32.01
33.00	03300	0	0	33.00
34.00	03400	0	0	34.00
40.00	04000	10,763	0	40.00
41.00	04100	12,335	0	41.00
42.00	04200	0	0	42.00
43.00	04300	0	0	43.00
44.00	04400	0	0	44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
50.01	03023	0	0	50.01
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
55.00	05500	0	0	55.00
56.00	05600	0	0	56.00
57.00	05700	0	0	57.00
58.00	05800	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
62.00	06200	0	0	62.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
67.00	06700	0	0	67.00
68.00	06800	0	0	68.00
69.00	06900	0	0	69.00
70.00	07000	0	0	70.00
71.00	07100	0	0	71.00
72.00	07200	0	0	72.00
73.00	07300	0	384	73.00
74.00	07400	0	0	74.00
75.00	07500	0	0	75.00
76.00	03020	0	0	76.00
76.20	03021	0	0	76.20
76.30	03022	0	0	76.30
76.45	03024	0	0	76.45
76.97	07697	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	0	0	88.00
89.00	08900	0	0	89.00
90.00	09000	0	0	90.00
90.01	09001	0	0	90.01
90.02	09002	0	0	90.02
90.03	09003	0	0	90.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140223

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

Worksheet B-1

Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		PARAMED ED PRGM-PASTORAL EDUC. (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.00	23.01	
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	90.07
91.00	09100 EMERGENCY	0	864	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
99.00	09900 CMHC	0	0	99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	144,684	5,000	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
200.00	Cross Foot Adjustments			200.00
201.00	Negative Cost Centers			201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	726,404	615,078	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.020624	123.015600	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	63,067	17,439	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.435895	3.487800	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIIII	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	115,052,860		115,052,860	0	115,052,860	30.00
31.00 03100 INTENSIVE CARE UNIT	14,168,232		14,168,232	0	14,168,232	31.00
32.00 03200 CORONARY CARE UNIT	15,237,291		15,237,291	0	15,237,291	32.00
32.01 03201 NEONATAL CARE UNIT	20,110,044		20,110,044	0	20,110,044	32.01
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	13,233,207		13,233,207	124,038	13,357,245	40.00
41.00 04100 SUBPROVIDER - I RF	12,732,464		12,732,464	0	12,732,464	41.00
42.00 04200 SUBPROVIDER	0		0	0	0	42.00
43.00 04300 NURSERY	3,320,338		3,320,338	0	3,320,338	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	37,627,841		37,627,841	0	37,627,841	50.00
50.01 03023 ACUPUNCTURE	0		0	0	0	50.01
51.00 05100 RECOVERY ROOM	3,505,959		3,505,959	0	3,505,959	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	12,254,277		12,254,277	0	12,254,277	52.00
53.00 05300 ANESTHESIOLOGY	4,048,560		4,048,560	211,776	4,260,336	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	22,189,784		22,189,784	2,343	22,192,127	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	12,405,016		12,405,016	0	12,405,016	55.00
56.00 05600 RADIOISOTOPE	5,564,985		5,564,985	0	5,564,985	56.00
57.00 05700 CT SCAN	6,306,430		6,306,430	0	6,306,430	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	5,874,357		5,874,357	0	5,874,357	58.00
59.00 05900 CARDIAC CATHETERIZATION	4,776,836		4,776,836	0	4,776,836	59.00
60.00 06000 LABORATORY	20,667,440		20,667,440	0	20,667,440	60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	6,228,220		6,228,220	0	6,228,220	62.00
65.00 06500 RESPIRATORY THERAPY	9,272,725	0	9,272,725	0	9,272,725	65.00
66.00 06600 PHYSICAL THERAPY	8,730,119	0	8,730,119	0	8,730,119	66.00
67.00 06700 OCCUPATIONAL THERAPY	14,473,066	0	14,473,066	0	14,473,066	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	6,011,893		6,011,893	0	6,011,893	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	2,617,317		2,617,317	0	2,617,317	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,175,657		24,175,657	0	24,175,657	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	45,023,166		45,023,166	0	45,023,166	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	42,649,874		42,649,874	0	42,649,874	73.00
74.00 07400 RENAL DIALYSIS	1,568,140		1,568,140	0	1,568,140	74.00
75.00 07500 ASC (NON-DISTINCT PART)	8,686,888		8,686,888	0	8,686,888	75.00
76.00 03020 REHAB MEDICINE	886,800		886,800	0	886,800	76.00
76.20 03021 DAY HOSPITAL	1,475,547		1,475,547	0	1,475,547	76.20
76.30 03022 LI THOTRIPTER	1,805,243		1,805,243	0	1,805,243	76.30
76.45 03024 GASTROENTEROLOGY LAB	7,994,198		7,994,198	0	7,994,198	76.45
76.97 07697 CARDIAC REHABILITATION	825,518		825,518	0	825,518	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00 09000 CLINIC	0		0	0	0	90.00
90.01 09001 DIABETES CARE CENTER	138,371		138,371	0	138,371	90.01
90.02 09002 OUTPATIENT CENTER	1,622,202		1,622,202	17,915	1,640,117	90.02
90.03 09003 PAIN CLINIC	1,470,822		1,470,822	0	1,470,822	90.03
90.05 09004 WOUND CARE CENTER	0		0	0	0	90.05
90.06 09005 ANTI -COAG LAB	1,296,302		1,296,302	0	1,296,302	90.06
90.07 09006 HEART RISK ASSESSMENT	360,595		360,595	0	360,595	90.07
91.00 09100 EMERGENCY	22,142,593		22,142,593	1,664,895	23,807,488	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,639,469		10,639,469	0	10,639,469	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0		0	0	0	95.00
99.00 09900 CMHC	0		0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0		0		0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0	111.00
200.00 Subtotal (see instructions)	549,170,646	0	549,170,646	2,020,967	551,191,613	200.00
201.00 Less Observation Beds	10,639,469		10,639,469		10,639,469	201.00
202.00 Total (see instructions)	538,531,177	0	538,531,177	2,020,967	540,552,144	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am	
			Title XVII		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	210,113,876		210,113,876			30.00
31.00	03100	INTENSIVE CARE UNIT	25,875,410		25,875,410			31.00
32.00	03200	CORONARY CARE UNIT	29,175,800		29,175,800			32.00
32.01	03201	NEONATAL CARE UNIT	56,839,398		56,839,398			32.01
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	19,997,654		19,997,654			40.00
41.00	04100	SUBPROVIDER - IRF	22,918,579		22,918,579			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,561,647		11,561,647			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,327,004	44,716,376	123,043,380	0.305810	0.000000	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	10,557,544	9,984,008	20,541,552	0.170676	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,011,880	1,169,041	26,180,921	0.468061	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	29,766,334	34,244,076	64,010,410	0.063248	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,238,793	62,441,933	96,680,726	0.229516	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,415,539	46,638,214	49,053,753	0.252886	0.000000	55.00
56.00	05600	RADIOISOTOPE	9,326,498	14,569,305	23,895,803	0.232885	0.000000	56.00
57.00	05700	CT SCAN	41,237,225	72,045,513	113,282,738	0.055670	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,903,521	46,410,779	63,314,300	0.092781	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,666,829	19,445,492	45,112,321	0.105888	0.000000	59.00
60.00	06000	LABORATORY	90,693,172	44,703,997	135,397,169	0.152643	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,857,914	3,257,586	14,115,500	0.441233	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	49,329,887	3,863,661	53,193,548	0.174320	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	24,414,473	748,816	25,163,289	0.346939	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,850,972	23,968,583	25,819,555	0.560547	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,624,130	22,828,489	43,452,619	0.138355	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,478,289	8,280,482	14,758,771	0.177340	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,287,426	14,280,565	52,567,991	0.459893	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,102,692	19,328,930	80,431,622	0.559769	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,490,744	48,367,230	216,857,974	0.196672	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,849,835	710,111	4,559,946	0.343894	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,851,805	36,407,621	39,259,426	0.221269	0.000000	75.00
76.00	03020	REHAB MEDICINE	561,534	883,620	1,445,154	0.613637	0.000000	76.00
76.20	03021	DAY HOSPITAL	6,661	3,100,285	3,106,946	0.474919	0.000000	76.20
76.30	03022	LITHOTRIPTER	123,577	7,183,447	7,307,024	0.247056	0.000000	76.30
76.45	03024	GASTROENTEROLOGY LAB	6,662,958	43,256,456	49,919,414	0.160142	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	164,772	2,030,049	2,194,821	0.376121	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.01	09001	DIABETES CARE CENTER	375	76,087	76,462	1.809670	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	26,011	3,342,954	3,368,965	0.481513	0.000000	90.02
90.03	09003	PAIN CLINIC	17,276	4,759,410	4,776,686	0.307917	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	7,393	2,456,158	2,463,551	0.526192	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	7,271	2,580,341	2,587,612	0.139354	0.000000	90.07
91.00	09100	EMERGENCY	46,866,402	78,057,010	124,923,412	0.177249	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,011,931	16,941,843	19,953,774	0.533206	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,186,221,031	743,078,468	1,929,299,499			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,186,221,031	743,078,468	1,929,299,499			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am
Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
32.01	03201 NEONATAL CARE UNIT			32.01
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
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.305810		50.00
50.01	03023 ACUPUNCTURE	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.170676		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.468061		52.00
53.00	05300 ANESTHESIOLOGY	0.066557		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229540		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.252886		55.00
56.00	05600 RADIO SOTOPE	0.232885		56.00
57.00	05700 CT SCAN	0.055670		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.092781		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105888		59.00
60.00	06000 LABORATORY	0.152643		60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233		62.00
65.00	06500 RESPIRATORY THERAPY	0.174320		65.00
66.00	06600 PHYSICAL THERAPY	0.346939		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.560547		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.138355		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.177340		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.559769		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196672		73.00
74.00	07400 RENAL DIALYSIS	0.343894		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.221269		75.00
76.00	03020 REHAB MEDICINE	0.613637		76.00
76.20	03021 DAY HOSPITAL	0.474919		76.20
76.30	03022 LI THOTRIPTER	0.247056		76.30
76.45	03024 GASTROENTEROLOGY LAB	0.160142		76.45
76.97	07697 CARDIAC REHABILITATION	0.376121		76.97
	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 DIABETES CARE CENTER	1.809670		90.01
90.02	09002 OUTPATIENT CENTER	0.486831		90.02
90.03	09003 PAIN CLINIC	0.307917		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.526192		90.06
90.07	09006 HEART RISK ASSESSMENT	0.139354		90.07
91.00	09100 EMERGENCY	0.190577		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.533206		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
	SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am
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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		115,052,860	0	115,052,860	30.00
31.00	03100 INTENSIVE CARE UNIT		14,168,232	0	14,168,232	31.00
32.00	03200 CORONARY CARE UNIT		15,237,291	0	15,237,291	32.00
32.01	03201 NEONATAL CARE UNIT		20,110,044	0	20,110,044	32.01
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		13,233,207	124,038	13,357,245	40.00
41.00	04100 SUBPROVIDER - I RF		12,732,464	0	12,732,464	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		3,320,338	0	3,320,338	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		37,627,841	0	37,627,841	50.00
50.01	03023 ACUPUNCTURE		0	0	0	50.01
51.00	05100 RECOVERY ROOM		3,505,959	0	3,505,959	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,254,277	0	12,254,277	52.00
53.00	05300 ANESTHESIOLOGY		4,048,560	211,776	4,260,336	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		22,189,784	2,343	22,192,127	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		12,405,016	0	12,405,016	55.00
56.00	05600 RADIOISOTOPE		5,564,985	0	5,564,985	56.00
57.00	05700 CT SCAN		6,306,430	0	6,306,430	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		5,874,357	0	5,874,357	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,776,836	0	4,776,836	59.00
60.00	06000 LABORATORY		20,667,440	0	20,667,440	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		6,228,220	0	6,228,220	62.00
65.00	06500 RESPIRATORY THERAPY	0	9,272,725	0	9,272,725	65.00
66.00	06600 PHYSICAL THERAPY	0	8,730,119	0	8,730,119	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,473,066	0	14,473,066	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		6,011,893	0	6,011,893	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,617,317	0	2,617,317	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,175,657	0	24,175,657	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		45,023,166	0	45,023,166	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		42,649,874	0	42,649,874	73.00
74.00	07400 RENAL DIALYSIS		1,568,140	0	1,568,140	74.00
75.00	07500 ASC (NON-DISTINCT PART)		8,686,888	0	8,686,888	75.00
76.00	03020 REHAB MEDICINE		886,800	0	886,800	76.00
76.20	03021 DAY HOSPITAL		1,475,547	0	1,475,547	76.20
76.30	03022 LI THOTRIPTER		1,805,243	0	1,805,243	76.30
76.45	03024 GASTROENTEROLOGY LAB		7,994,198	0	7,994,198	76.45
76.97	07697 CARDIAC REHABILITATION		825,518	0	825,518	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	138,371	138,371	0	138,371	90.01
90.02	09002 OUTPATIENT CENTER	1,622,202	1,622,202	17,915	1,640,117	90.02
90.03	09003 PAIN CLINIC	1,470,822	1,470,822	0	1,470,822	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005 ANTI -COAG LAB	1,296,302	1,296,302	0	1,296,302	90.06
90.07	09006 HEART RISK ASSESSMENT	360,595	360,595	0	360,595	90.07
91.00	09100 EMERGENCY	22,142,593	22,142,593	1,664,895	23,807,488	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,639,469	10,639,469	0	10,639,469	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	549,170,646	549,170,646	2,020,967	551,191,613	200.00
201.00	Less Observation Beds	10,639,469	10,639,469	0	10,639,469	201.00
202.00	Total (see instructions)	538,531,177	538,531,177	2,020,967	540,552,144	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am	
			Title XIX		Hospital		Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	210,113,876		210,113,876			30.00
31.00	03100	INTENSIVE CARE UNIT	25,875,410		25,875,410			31.00
32.00	03200	CORONARY CARE UNIT	29,175,800		29,175,800			32.00
32.01	03201	NEONATAL CARE UNIT	56,839,398		56,839,398			32.01
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	19,997,654		19,997,654			40.00
41.00	04100	SUBPROVIDER - I/RF	22,918,579		22,918,579			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,561,647		11,561,647			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,327,004	44,716,376	123,043,380	0.305810	0.000000	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	10,557,544	9,984,008	20,541,552	0.170676	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,011,880	1,169,041	26,180,921	0.468061	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	29,766,334	34,244,076	64,010,410	0.063248	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,238,793	62,441,933	96,680,726	0.229516	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,415,539	46,638,214	49,053,753	0.252886	0.000000	55.00
56.00	05600	RADIOISOTOPE	9,326,498	14,569,305	23,895,803	0.232885	0.000000	56.00
57.00	05700	CT SCAN	41,237,225	72,045,513	113,282,738	0.055670	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,903,521	46,410,779	63,314,300	0.092781	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,666,829	19,445,492	45,112,321	0.105888	0.000000	59.00
60.00	06000	LABORATORY	90,693,172	44,703,997	135,397,169	0.152643	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,857,914	3,257,586	14,115,500	0.441233	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	49,329,887	3,863,661	53,193,548	0.174320	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	24,414,473	748,816	25,163,289	0.346939	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,850,972	23,968,583	25,819,555	0.560547	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,624,130	22,828,489	43,452,619	0.138355	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,478,289	8,280,482	14,758,771	0.177340	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,287,426	14,280,565	52,567,991	0.459893	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,102,692	19,328,930	80,431,622	0.559769	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,490,744	48,367,230	216,857,974	0.196672	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,849,835	710,111	4,559,946	0.343894	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,851,805	36,407,621	39,259,426	0.221269	0.000000	75.00
76.00	03020	REHAB MEDICINE	561,534	883,620	1,445,154	0.613637	0.000000	76.00
76.20	03021	DAY HOSPITAL	6,661	3,100,285	3,106,946	0.474919	0.000000	76.20
76.30	03022	LITHOTRIPTER	123,577	7,183,447	7,307,024	0.247056	0.000000	76.30
76.45	03024	GASTROENTEROLOGY LAB	6,662,958	43,256,456	49,919,414	0.160142	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	164,772	2,030,049	2,194,821	0.376121	0.000000	76.97
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	DIABETES CARE CENTER	375	76,087	76,462	1.809670	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	26,011	3,342,954	3,368,965	0.481513	0.000000	90.02
90.03	09003	PAIN CLINIC	17,276	4,759,410	4,776,686	0.307917	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	7,393	2,456,158	2,463,551	0.526192	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	7,271	2,580,341	2,587,612	0.139354	0.000000	90.07
91.00	09100	EMERGENCY	46,866,402	78,057,010	124,923,412	0.177249	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,011,931	16,941,843	19,953,774	0.533206	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,186,221,031	743,078,468	1,929,299,499			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,186,221,031	743,078,468	1,929,299,499			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am
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
32.01	03201 NEONATAL CARE UNIT			32.01
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
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03023 ACUPUNCTURE	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
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 REHAB MEDICINE	0.000000		76.00
76.20	03021 DAY HOSPITAL	0.000000		76.20
76.30	03022 LI THOTRIPTER	0.000000		76.30
76.45	03024 GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
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 DIABETES CARE CENTER	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	0.000000		90.02
90.03	09003 PAIN CLINIC	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
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: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am
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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		115,052,860	0	115,052,860	30.00
31.00	03100 INTENSIVE CARE UNIT		14,168,232	0	14,168,232	31.00
32.00	03200 CORONARY CARE UNIT		15,237,291	0	15,237,291	32.00
32.01	03201 NEONATAL CARE UNIT		20,110,044	0	20,110,044	32.01
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		13,233,207	124,038	13,357,245	40.00
41.00	04100 SUBPROVIDER - I RF		12,732,464	0	12,732,464	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		3,320,338	0	3,320,338	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		37,627,841	0	37,627,841	50.00
50.01	03023 ACUPUNCTURE		0	0	0	50.01
51.00	05100 RECOVERY ROOM		3,505,959	0	3,505,959	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		12,254,277	0	12,254,277	52.00
53.00	05300 ANESTHESIOLOGY		4,048,560	211,776	4,260,336	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		22,189,784	2,343	22,192,127	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		12,405,016	0	12,405,016	55.00
56.00	05600 RADIOISOTOPE		5,564,985	0	5,564,985	56.00
57.00	05700 CT SCAN		6,306,430	0	6,306,430	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		5,874,357	0	5,874,357	58.00
59.00	05900 CARDIAC CATHETERIZATION		4,776,836	0	4,776,836	59.00
60.00	06000 LABORATORY		20,667,440	0	20,667,440	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		6,228,220	0	6,228,220	62.00
65.00	06500 RESPIRATORY THERAPY	0	9,272,725	0	9,272,725	65.00
66.00	06600 PHYSICAL THERAPY	0	8,730,119	0	8,730,119	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	14,473,066	0	14,473,066	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		6,011,893	0	6,011,893	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		2,617,317	0	2,617,317	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,175,657	0	24,175,657	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		45,023,166	0	45,023,166	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		42,649,874	0	42,649,874	73.00
74.00	07400 RENAL DIALYSIS		1,568,140	0	1,568,140	74.00
75.00	07500 ASC (NON-DISTINCT PART)		8,686,888	0	8,686,888	75.00
76.00	03020 REHAB MEDICINE		886,800	0	886,800	76.00
76.20	03021 DAY HOSPITAL		1,475,547	0	1,475,547	76.20
76.30	03022 LI THOTRIPTER		1,805,243	0	1,805,243	76.30
76.45	03024 GASTROENTEROLOGY LAB		7,994,198	0	7,994,198	76.45
76.97	07697 CARDIAC REHABILITATION		825,518	0	825,518	76.97
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	138,371	138,371	0	138,371	90.01
90.02	09002 OUTPATIENT CENTER	1,622,202	1,622,202	17,915	1,640,117	90.02
90.03	09003 PAIN CLINIC	1,470,822	1,470,822	0	1,470,822	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005 ANTI -COAG LAB	1,296,302	1,296,302	0	1,296,302	90.06
90.07	09006 HEART RISK ASSESSMENT	360,595	360,595	0	360,595	90.07
91.00	09100 EMERGENCY	22,142,593	22,142,593	1,664,895	23,807,488	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,639,469	10,639,469	0	10,639,469	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
99.00	09900 CMHC	0	0	0	0	99.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
200.00	Subtotal (see instructions)	549,170,646	0	549,170,646	2,020,967	551,191,613
201.00	Less Observation Beds	10,639,469	0	10,639,469	0	10,639,469
202.00	Total (see instructions)	538,531,177	0	538,531,177	2,020,967	540,552,144

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am	
			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	210,113,876		210,113,876			30.00
31.00	03100	INTENSIVE CARE UNIT	25,875,410		25,875,410			31.00
32.00	03200	CORONARY CARE UNIT	29,175,800		29,175,800			32.00
32.01	03201	NEONATAL CARE UNIT	56,839,398		56,839,398			32.01
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	19,997,654		19,997,654			40.00
41.00	04100	SUBPROVIDER - I/RF	22,918,579		22,918,579			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	11,561,647		11,561,647			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	78,327,004	44,716,376	123,043,380	0.305810	0.000000	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0.000000	0.000000	50.01
51.00	05100	RECOVERY ROOM	10,557,544	9,984,008	20,541,552	0.170676	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,011,880	1,169,041	26,180,921	0.468061	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	29,766,334	34,244,076	64,010,410	0.063248	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,238,793	62,441,933	96,680,726	0.229516	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,415,539	46,638,214	49,053,753	0.252886	0.000000	55.00
56.00	05600	RADIOISOTOPE	9,326,498	14,569,305	23,895,803	0.232885	0.000000	56.00
57.00	05700	CT SCAN	41,237,225	72,045,513	113,282,738	0.055670	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	16,903,521	46,410,779	63,314,300	0.092781	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,666,829	19,445,492	45,112,321	0.105888	0.000000	59.00
60.00	06000	LABORATORY	90,693,172	44,703,997	135,397,169	0.152643	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	10,857,914	3,257,586	14,115,500	0.441233	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	49,329,887	3,863,661	53,193,548	0.174320	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	24,414,473	748,816	25,163,289	0.346939	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,850,972	23,968,583	25,819,555	0.560547	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	20,624,130	22,828,489	43,452,619	0.138355	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	6,478,289	8,280,482	14,758,771	0.177340	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,287,426	14,280,565	52,567,991	0.459893	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	61,102,692	19,328,930	80,431,622	0.559769	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	168,490,744	48,367,230	216,857,974	0.196672	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,849,835	710,111	4,559,946	0.343894	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	2,851,805	36,407,621	39,259,426	0.221269	0.000000	75.00
76.00	03020	REHAB MEDICINE	561,534	883,620	1,445,154	0.613637	0.000000	76.00
76.20	03021	DAY HOSPITAL	6,661	3,100,285	3,106,946	0.474919	0.000000	76.20
76.30	03022	LITHOTRIPTER	123,577	7,183,447	7,307,024	0.247056	0.000000	76.30
76.45	03024	GASTROENTEROLOGY LAB	6,662,958	43,256,456	49,919,414	0.160142	0.000000	76.45
76.97	07697	CARDIAC REHABILITATION	164,772	2,030,049	2,194,821	0.376121	0.000000	76.97
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	DIABETES CARE CENTER	375	76,087	76,462	1.809670	0.000000	90.01
90.02	09002	OUTPATIENT CENTER	26,011	3,342,954	3,368,965	0.481513	0.000000	90.02
90.03	09003	PAIN CLINIC	17,276	4,759,410	4,776,686	0.307917	0.000000	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0.000000	0.000000	90.05
90.06	09005	ANTI-COAG LAB	7,393	2,456,158	2,463,551	0.526192	0.000000	90.06
90.07	09006	HEART RISK ASSESSMENT	7,271	2,580,341	2,587,612	0.139354	0.000000	90.07
91.00	09100	EMERGENCY	46,866,402	78,057,010	124,923,412	0.177249	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,011,931	16,941,843	19,953,774	0.533206	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
200.00		Subtotal (see instructions)	1,186,221,031	743,078,468	1,929,299,499			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	1,186,221,031	743,078,468	1,929,299,499			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/29/2014 8:32 am
Cost Center Description		PPS Inpatient Ratio 11.00	Title V	Hospital
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
32.01	03201 NEONATAL CARE UNIT			32.01
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
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
50.01	03023 ACUPUNCTURE	0.000000		50.01
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
56.00	05600 RADIOISOTOPE	0.000000		56.00
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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
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 REHAB MEDICINE	0.000000		76.00
76.20	03021 DAY HOSPITAL	0.000000		76.20
76.30	03022 LI THOTRIPTER	0.000000		76.30
76.45	03024 GASTROENTEROLOGY LAB	0.000000		76.45
76.97	07697 CARDIAC REHABILITATION	0.000000		76.97
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 DIABETES CARE CENTER	0.000000		90.01
90.02	09002 OUTPATIENT CENTER	0.000000		90.02
90.03	09003 PAIN CLINIC	0.000000		90.03
90.05	09004 WOUND CARE CENTER	0.000000		90.05
90.06	09005 ANTI-COAG LAB	0.000000		90.06
90.07	09006 HEART RISK ASSESSMENT	0.000000		90.07
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/29/2014 8:32 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	13,237,013	0	13,237,013	103,910	127.39	30.00
31.00	INTENSIVE CARE UNIT	1,183,438		1,183,438	5,933	199.47	31.00
32.00	CORONARY CARE UNIT	1,207,749		1,207,749	7,040	171.56	32.00
32.01	NEONATAL CARE UNIT	1,355,727		1,355,727	13,956	97.14	32.01
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	1,360,022	0	1,360,022	10,763	126.36	40.00
41.00	SUBPROVIDER - IRF	1,303,500	0	1,303,500	12,335	105.67	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	249,331		249,331	9,459	26.36	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	19,896,780		19,896,780	163,396		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	40,071	5,104,645				
31.00	INTENSIVE CARE UNIT	1,220	243,353				
32.00	CORONARY CARE UNIT	3,518	603,548				
32.01	NEONATAL CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	3,841	485,349				
41.00	SUBPROVIDER - IRF	6,936	732,927				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	55,586	7,169,822				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140223

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

Worksheet D
Part II
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital		
					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	2,633,555	123,043,380	0.021403	30,306,356	648,647	50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0	0	50.01
51.00	05100 RECOVERY ROOM	220,833	20,541,552	0.010751	4,454,029	47,885	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,127,981	26,180,921	0.043084	31,171	1,343	52.00
53.00	05300 ANESTHESIOLOGY	140,267	64,010,410	0.002191	8,576,912	18,792	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,529,599	96,680,726	0.026164	14,891,482	389,621	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	2,385,451	49,053,753	0.048629	1,093,178	53,160	55.00
56.00	05600 RADIOISOTOPE	467,212	23,895,803	0.019552	4,892,446	95,657	56.00
57.00	05700 CT SCAN	484,954	113,282,738	0.004281	19,744,240	84,525	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,498,398	63,314,300	0.023666	6,692,251	158,379	58.00
59.00	05900 CARDIAC CATHETERIZATION	626,246	45,112,321	0.013882	12,928,030	179,467	59.00
60.00	06000 LABORATORY	576,512	135,397,169	0.004258	38,367,217	163,368	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	155,426	14,115,500	0.011011	3,795,485	41,792	62.00
65.00	06500 RESPIRATORY THERAPY	382,935	53,193,548	0.007199	13,847,844	99,691	65.00
66.00	06600 PHYSICAL THERAPY	239,030	25,163,289	0.009499	6,685,316	63,504	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,428,756	25,819,555	0.055336	31,703	1,754	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	276,361	43,452,619	0.006360	10,117,495	64,347	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	259,043	14,758,771	0.017552	1,811,955	31,803	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	835,216	52,567,991	0.015888	16,654,370	264,605	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,647,592	80,431,622	0.020484	25,852,824	529,569	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,285,457	216,857,974	0.005928	57,960,747	343,591	73.00
74.00	07400 RENAL DIALYSIS	96,712	4,559,946	0.021209	2,282,910	48,418	74.00
75.00	07500 ASC (NON-DISTINCT PART)	703,439	39,259,426	0.017918	529,939	9,495	75.00
76.00	03020 REHAB MEDICINE	67,075	1,445,154	0.046414	38,193	1,773	76.00
76.20	03021 DAY HOSPITAL	177,626	3,106,946	0.057171	1,675	96	76.20
76.30	03022 LI THOTRIPTER	38,062	7,307,024	0.005209	90,749	473	76.30
76.45	03024 GASTROENTEROLOGY LAB	618,233	49,919,414	0.012385	3,874,552	47,986	76.45
76.97	07697 CARDIAC REHABILITATION	85,018	2,194,821	0.038736	74,876	2,900	76.97
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 DIABETES CARE CENTER	21,057	76,462	0.275392	372	102	90.01
90.02	09002 OUTPATIENT CENTER	186,485	3,368,965	0.055354	19,510	1,080	90.02
90.03	09003 PAIN CLINIC	184,121	4,776,686	0.038546	8,007	309	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005 ANTI-COAG LAB	115,181	2,463,551	0.046754	6,422	300	90.06
90.07	09006 HEART RISK ASSESSMENT	46,757	2,587,612	0.018070	7,271	131	90.07
91.00	09100 EMERGENCY	1,610,937	124,923,412	0.012895	22,132,808	285,403	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,224,092	19,953,774	0.061346	1,875,913	115,080	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	24,375,619	1,552,817,135		309,678,248	3,795,046	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/29/2014 8:32 am
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Cost Center Description			Title XVIII		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	706,748	0	0	706,748	30.00
31.00	03100	INTENSIVE CARE UNIT	0	202,963	0	0	202,963	31.00
32.00	03200	CORONARY CARE UNIT	0	74,500	0	0	74,500	32.00
32.01	03201	NEONATAL CARE UNIT	0	87,782	0	0	87,782	32.01
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	54,037	0	0	54,037	40.00
41.00	04100	SUBPROVIDER - IRF	0	61,929	0	0	61,929	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	1,187,959	0	0	1,187,959	200.00

Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	103,910	6.80	40,071	272,483	30.00	
31.00	03100	INTENSIVE CARE UNIT	5,933	34.21	1,220	41,736	31.00	
32.00	03200	CORONARY CARE UNIT	7,040	10.58	3,518	37,220	32.00	
32.01	03201	NEONATAL CARE UNIT	13,956	6.29	0	0	32.01	
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00	
40.00	04000	SUBPROVIDER - IPF	10,763	5.02	3,841	19,282	40.00	
41.00	04100	SUBPROVIDER - IRF	12,335	5.02	6,936	34,819	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00	
43.00	04300	NURSERY	9,459	0.00	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00	
200.00		Total (lines 30-199)	163,396		55,586	405,540	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	47,238	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	106,285	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	65,358	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	218,881	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	123,043,380	0.000000	0.000000	30,306,356	50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	20,541,552	0.000000	0.000000	4,454,029	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	26,180,921	0.000000	0.000000	31,171	52.00
53.00	05300 ANESTHESIOLOGY	0	64,010,410	0.000000	0.000000	8,576,912	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	96,680,726	0.000000	0.000000	14,891,482	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	49,053,753	0.000000	0.000000	1,093,178	55.00
56.00	05600 RADIOISOTOPE	0	23,895,803	0.000000	0.000000	4,892,446	56.00
57.00	05700 CT SCAN	0	113,282,738	0.000000	0.000000	19,744,240	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	63,314,300	0.000000	0.000000	6,692,251	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,112,321	0.000000	0.000000	12,928,030	59.00
60.00	06000 LABORATORY	0	135,397,169	0.000000	0.000000	38,367,217	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,115,500	0.000000	0.000000	3,795,485	62.00
65.00	06500 RESPIRATORY THERAPY	0	53,193,548	0.000000	0.000000	13,847,844	65.00
66.00	06600 PHYSICAL THERAPY	0	25,163,289	0.000000	0.000000	6,685,316	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	25,819,555	0.000000	0.000000	31,703	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	43,452,619	0.000000	0.000000	10,117,495	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,758,771	0.000000	0.000000	1,811,955	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,567,991	0.000000	0.000000	16,654,370	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	80,431,622	0.000000	0.000000	25,852,824	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,238	216,857,974	0.000218	0.000218	57,960,747	73.00
74.00	07400 RENAL DIALYSIS	0	4,559,946	0.000000	0.000000	2,282,910	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	39,259,426	0.000000	0.000000	529,939	75.00
76.00	03020 REHAB MEDICINE	0	1,445,154	0.000000	0.000000	38,193	76.00
76.20	03021 DAY HOSPITAL	0	3,106,946	0.000000	0.000000	1,675	76.20
76.30	03022 LI THOTRIPTER	0	7,307,024	0.000000	0.000000	90,749	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	49,919,414	0.000000	0.000000	3,874,552	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,194,821	0.000000	0.000000	74,876	76.97
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 DIABETES CARE CENTER	0	76,462	0.000000	0.000000	372	90.01
90.02	09002 OUTPATIENT CENTER	0	3,368,965	0.000000	0.000000	19,510	90.02
90.03	09003 PAIN CLINIC	0	4,776,686	0.000000	0.000000	8,007	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,463,551	0.000000	0.000000	6,422	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,587,612	0.000000	0.000000	7,271	90.07
91.00	09100 EMERGENCY	106,285	124,923,412	0.000851	0.000851	22,132,808	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	65,358	19,953,774	0.003275	0.003275	1,875,913	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	218,881	1,552,817,135			309,678,248	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	7,874,438	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	2,497,951	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,542	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,034,841	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,688,285	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	24,036,388	0	55.00
56.00	05600 RADIOISOTOPE	0	5,710,874	0	56.00
57.00	05700 CT SCAN	0	26,074,755	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	13,017,123	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	8,624,867	0	59.00
60.00	06000 LABORATORY	0	1,514,708	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,176,554	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	1,194,841	0	65.00
66.00	06600 PHYSICAL THERAPY	0	442,681	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,876,877	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,652,036	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,874,700	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,338,310	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	8,863,763	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,635	16,115,257	3,513	73.00
74.00	07400 RENAL DIALYSIS	0	593,050	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,707,813	0	75.00
76.00	03020 REHAB MEDICINE	0	144,268	0	76.00
76.20	03021 DAY HOSPITAL	0	671,080	0	76.20
76.30	03022 LI THOTRIPTER	0	5,573,487	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	14,729,821	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	907,527	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	5,348	0	90.01
90.02	09002 OUTPATIENT CENTER	0	1,506,531	0	90.02
90.03	09003 PAIN CLINIC	0	2,066,846	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	1,785,630	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	1,362,833	0	90.07
91.00	09100 EMERGENCY	18,835	16,236,889	13,818	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	6,144	4,811,980	15,759	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	37,614	208,713,894	33,090	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am		
		Title XVIII	Hospital	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.305810	7,874,438	0	2,408,082	50.00
50.01	03023 ACUPUNCTURE	0.000000	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.170676	2,497,951	0	426,340	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.468061	1,542	0	722	52.00
53.00	05300 ANESTHESIOLOGY	0.063248	8,034,841	0	508,188	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229516	14,688,285	0	3,371,196	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.252886	24,036,388	0	6,078,466	55.00
56.00	05600 RADIOISOTOPE	0.232885	5,710,874	0	1,329,977	56.00
57.00	05700 CT SCAN	0.055670	26,074,755	0	1,451,582	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.092781	13,017,123	0	1,207,742	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105888	8,624,867	0	913,270	59.00
60.00	06000 LABORATORY	0.152643	1,514,708	0	231,210	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	1,176,554	0	519,134	62.00
65.00	06500 RESPIRATORY THERAPY	0.174320	1,194,841	0	208,285	65.00
66.00	06600 PHYSICAL THERAPY	0.346939	442,681	0	153,583	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.560547	1,876,877	0	1,052,078	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.138355	5,652,036	0	781,987	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.177340	1,874,700	0	332,459	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	4,338,310	0	1,995,158	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.559769	8,863,763	0	4,961,660	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196672	16,115,257	0	3,169,420	73.00
74.00	07400 RENAL DIALYSIS	0.343894	593,050	0	203,946	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.221269	4,707,813	0	1,041,693	75.00
76.00	03020 REHAB MEDICINE	0.613637	144,268	0	88,528	76.00
76.20	03021 DAY HOSPITAL	0.474919	671,080	0	318,709	76.20
76.30	03022 LI THOTRIPTER	0.247056	5,573,487	0	1,376,963	76.30
76.45	03024 GASTROENTEROLOGY LAB	0.160142	14,729,821	0	2,358,863	76.45
76.97	07697 CARDIAC REHABILITATION	0.376121	907,527	0	341,340	76.97
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	0	90.00
90.01	09001 DIABETES CARE CENTER	1.809670	5,348	0	9,678	90.01
90.02	09002 OUTPATIENT CENTER	0.481513	1,506,531	0	725,414	90.02
90.03	09003 PAIN CLINIC	0.307917	2,066,846	0	636,417	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.526192	1,785,630	0	939,584	90.06
90.07	09006 HEART RISK ASSESSMENT	0.139354	1,362,833	0	189,916	90.07
91.00	09100 EMERGENCY	0.177249	16,236,889	0	2,877,972	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	4,811,980	0	2,565,777	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		208,713,894	0	42,301	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		208,713,894	0	42,301	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVIII		Hospital		PPS	
Cost Center Description		Costs					
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.) 6.00	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.) 7.00				
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0			50.00
50.01	03023	ACUPUNCTURE	0	0			50.01
51.00	05100	RECOVERY ROOM	0	0			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300	ANESTHESIOLOGY	0	0			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0			54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
56.00	05600	RADIOISOTOPE	0	0			56.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			62.00
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	8,319			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	REHAB MEDICINE	0	0			76.00
76.20	03021	DAY HOSPITAL	0	0			76.20
76.30	03022	LITHOTRIPTER	0	0			76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0			76.45
76.97	07697	CARDIAC REHABILITATION	0	0			76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	0	0			90.00
90.01	09001	DIABETES CARE CENTER	0	0			90.01
90.02	09002	OUTPATIENT CENTER	0	0			90.02
90.03	09003	PAIN CLINIC	0	0			90.03
90.05	09004	WOUND CARE CENTER	0	0			90.05
90.06	09005	ANTI-COAG LAB	0	0			90.06
90.07	09006	HEART RISK ASSESSMENT	0	0			90.07
91.00	09100	EMERGENCY	0	0			91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0			95.00
200.00		Subtotal (see instructions)	0	8,319			200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0				201.00
202.00		Net Charges (line 200 +/- line 201)	0	8,319			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 8:32 am	
		Component CCN: 14S223		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,633,555	123,043,380	0.021403	0	0
50.01	03023	ACUPUNCTURE	0	0	0.000000	0	0
51.00	05100	RECOVERY ROOM	220,833	20,541,552	0.010751	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,127,981	26,180,921	0.043084	0	0
53.00	05300	ANESTHESIOLOGY	140,267	64,010,410	0.002191	4,137	9
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,529,599	96,680,726	0.026164	63,079	1,650
55.00	05500	RADIOLOGY-THERAPEUTIC	2,385,451	49,053,753	0.048629	9,263	450
56.00	05600	RADIOISOTOPE	467,212	23,895,803	0.019552	9,697	190
57.00	05700	CT SCAN	484,954	113,282,738	0.004281	156,959	672
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,498,398	63,314,300	0.023666	37,365	884
59.00	05900	CARDIAC CATHETERIZATION	626,246	45,112,321	0.013882	0	0
60.00	06000	LABORATORY	576,512	135,397,169	0.004258	676,274	2,880
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	155,426	14,115,500	0.011011	604	7
65.00	06500	RESPIRATORY THERAPY	382,935	53,193,548	0.007199	25,776	186
66.00	06600	PHYSICAL THERAPY	239,030	25,163,289	0.009499	149,444	1,420
67.00	06700	OCCUPATIONAL THERAPY	1,428,756	25,819,555	0.055336	127,943	7,080
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0
69.00	06900	ELECTROCARDIOLOGY	276,361	43,452,619	0.006360	62,907	400
70.00	07000	ELECTROENCEPHALOGRAPHY	259,043	14,758,771	0.017552	8,687	152
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	835,216	52,567,991	0.015888	16,683	265
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,647,592	80,431,622	0.020484	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,285,457	216,857,974	0.005928	1,008,115	5,976
74.00	07400	RENAL DIALYSIS	96,712	4,559,946	0.021209	32,191	683
75.00	07500	ASC (NON-DISTINCT PART)	703,439	39,259,426	0.017918	0	0
76.00	03020	REHAB MEDICINE	67,075	1,445,154	0.046414	16,485	765
76.20	03021	DAY HOSPITAL	177,626	3,106,946	0.057171	4,550	260
76.30	03022	LITHOTRIPTER	38,062	7,307,024	0.005209	0	0
76.45	03024	GASTROENTEROLOGY LAB	618,233	49,919,414	0.012385	12,382	153
76.97	07697	CARDIAC REHABILITATION	85,018	2,194,821	0.038736	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0
90.00	09000	CLINIC	0	0	0.000000	0	0
90.01	09001	DIABETES CARE CENTER	21,057	76,462	0.275392	0	0
90.02	09002	OUTPATIENT CENTER	186,485	3,368,965	0.055354	0	0
90.03	09003	PAIN CLINIC	184,121	4,776,686	0.038546	0	0
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0
90.06	09005	ANTI-COAG LAB	115,181	2,463,551	0.046754	0	0
90.07	09006	HEART RISK ASSESSMENT	46,757	2,587,612	0.018070	0	0
91.00	09100	EMERGENCY	1,610,937	124,923,412	0.012895	505,910	6,524
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,953,774	0.000000	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0
200.00		Total (lines 50-199)	23,151,527	1,552,817,135		2,928,451	30,606

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	47,238	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	106,285	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	153,523	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIII	Subprovider - IPF

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	123,043,380	0.000000	0.000000	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	20,541,552	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	26,180,921	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	64,010,410	0.000000	0.000000	4,137	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	96,680,726	0.000000	0.000000	63,079	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	49,053,753	0.000000	0.000000	9,263	55.00
56.00	05600 RADIOISOTOPE	0	23,895,803	0.000000	0.000000	9,697	56.00
57.00	05700 CT SCAN	0	113,282,738	0.000000	0.000000	156,959	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	63,314,300	0.000000	0.000000	37,365	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	45,112,321	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	135,397,169	0.000000	0.000000	676,274	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,115,500	0.000000	0.000000	604	62.00
65.00	06500 RESPIRATORY THERAPY	0	53,193,548	0.000000	0.000000	25,776	65.00
66.00	06600 PHYSICAL THERAPY	0	25,163,289	0.000000	0.000000	149,444	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	25,819,555	0.000000	0.000000	127,943	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	43,452,619	0.000000	0.000000	62,907	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	14,758,771	0.000000	0.000000	8,687	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,567,991	0.000000	0.000000	16,683	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	80,431,622	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	47,238	216,857,974	0.000218	0.000218	1,008,115	73.00
74.00	07400 RENAL DIALYSIS	0	4,559,946	0.000000	0.000000	32,191	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	39,259,426	0.000000	0.000000	0	75.00
76.00	03020 REHAB MEDICINE	0	1,445,154	0.000000	0.000000	16,485	76.00
76.20	03021 DAY HOSPITAL	0	3,106,946	0.000000	0.000000	4,550	76.20
76.30	03022 LI THOTRIPTER	0	7,307,024	0.000000	0.000000	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	49,919,414	0.000000	0.000000	12,382	76.45
76.97	07697 CARDIAC REHABILITATION	0	2,194,821	0.000000	0.000000	0	76.97
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 DIABETES CARE CENTER	0	76,462	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT CENTER	0	3,368,965	0.000000	0.000000	0	90.02
90.03	09003 PAIN CLINIC	0	4,776,686	0.000000	0.000000	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005 ANTI-COAG LAB	0	2,463,551	0.000000	0.000000	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	2,587,612	0.000000	0.000000	0	90.07
91.00	09100 EMERGENCY	106,285	124,923,412	0.000851	0.000851	505,910	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	19,953,774	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	153,523	1,552,817,135			2,928,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
Title XVII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	4,875	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	999	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	220	416	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 REHAB MEDICINE	0	0	0	76.00
76.20	03021 DAY HOSPITAL	0	0	0	76.20
76.30	03022 LI THOTRIPTER	0	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	431	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	651	6,290	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am			
		Component CCN: 14S223	Title XVIII	Subprovider - IPF	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	0.305810	0	0	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063248	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229516	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.232885	0	0	0	56.00
57.00	05700	CT SCAN	0.055670	4,875	0	0	271 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	0	0	0	59.00
60.00	06000	LABORATORY	0.152643	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	999	0	0	459 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	416	0	0	82 73.00
74.00	07400	RENAL DIALYSIS	0.343894	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0.613637	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0.474919	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0.247056	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	0	0	0	76.97
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	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.481513	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.307917	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	0	0	90.07
91.00	09100	EMERGENCY	0.177249	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000				95.00
200.00		Subtotal (see instructions)		6,290	0	0	812 200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		6,290	0	0	812 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am
	Component CCN: 14S223	Title XVII I	Subprovider - IPF

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
50.01 03023 ACUPUNCTURE	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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 REHAB MEDICINE	0	0	76.00
76.20 03021 DAY HOSPITAL	0	0	76.20
76.30 03022 LI THOTRIPTER	0	0	76.30
76.45 03024 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/29/2014 8:32 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,633,555	123,043,380	0.021403	13,033	279	50.00
50.01	03023	ACUPUNCTURE	0	0	0.000000	0	0	50.01
51.00	05100	RECOVERY ROOM	220,833	20,541,552	0.010751	2,329	25	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,127,981	26,180,921	0.043084	0	0	52.00
53.00	05300	ANESTHESIOLOGY	140,267	64,010,410	0.002191	10,775	24	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,529,599	96,680,726	0.026164	213,468	5,585	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	2,385,451	49,053,753	0.048629	85,185	4,142	55.00
56.00	05600	RADIOISOTOPE	467,212	23,895,803	0.019552	166,530	3,256	56.00
57.00	05700	CT SCAN	484,954	113,282,738	0.004281	244,921	1,049	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,498,398	63,314,300	0.023666	81,221	1,922	58.00
59.00	05900	CARDIAC CATHETERIZATION	626,246	45,112,321	0.013882	0	0	59.00
60.00	06000	LABORATORY	576,512	135,397,169	0.004258	906,311	3,859	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	155,426	14,115,500	0.011011	24,880	274	62.00
65.00	06500	RESPIRATORY THERAPY	382,935	53,193,548	0.007199	524,797	3,778	65.00
66.00	06600	PHYSICAL THERAPY	239,030	25,163,289	0.009499	7,211,594	68,503	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,428,756	25,819,555	0.055336	681	38	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	276,361	43,452,619	0.006360	51,631	328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	259,043	14,758,771	0.017552	17,194	302	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	835,216	52,567,991	0.015888	406,823	6,464	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,647,592	80,431,622	0.020484	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,285,457	216,857,974	0.005928	2,633,815	15,613	73.00
74.00	07400	RENAL DIALYSIS	96,712	4,559,946	0.021209	95,271	2,021	74.00
75.00	07500	ASC (NON-DISTINCT PART)	703,439	39,259,426	0.017918	0	0	75.00
76.00	03020	REHAB MEDICINE	67,075	1,445,154	0.046414	148,904	6,911	76.00
76.20	03021	DAY HOSPITAL	177,626	3,106,946	0.057171	0	0	76.20
76.30	03022	LITHOTRIPTER	38,062	7,307,024	0.005209	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	618,233	49,919,414	0.012385	25,342	314	76.45
76.97	07697	CARDIAC REHABILITATION	85,018	2,194,821	0.038736	208	8	76.97
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	DIABETES CARE CENTER	21,057	76,462	0.275392	0	0	90.01
90.02	09002	OUTPATIENT CENTER	186,485	3,368,965	0.055354	0	0	90.02
90.03	09003	PAIN CLINIC	184,121	4,776,686	0.038546	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0	0	90.05
90.06	09005	ANTI-COAG LAB	115,181	2,463,551	0.046754	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	46,757	2,587,612	0.018070	0	0	90.07
91.00	09100	EMERGENCY	1,610,937	124,923,412	0.012895	2,505	32	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,953,774	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	23,151,527	1,552,817,135		12,867,418	124,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIII	Subprovider - IRF

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	50.00
50.01	03023	ACUPUNCTURE	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	47,238	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	0	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0	0	0	0	90.02
90.03	09003	PAIN CLINIC	0	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	0	0	0	90.07
91.00	09100	EMERGENCY	0	0	106,285	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	153,523	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am		
				Title XVIII		Subprovider - IRF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	123,043,380	0.000000	0.000000	13,033	50.00
50.01	03023	ACUPUNCTURE	0	0	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	20,541,552	0.000000	0.000000	2,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	26,180,921	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	64,010,410	0.000000	0.000000	10,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	96,680,726	0.000000	0.000000	213,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	49,053,753	0.000000	0.000000	85,185	55.00
56.00	05600	RADIOISOTOPE	0	23,895,803	0.000000	0.000000	166,530	56.00
57.00	05700	CT SCAN	0	113,282,738	0.000000	0.000000	244,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	63,314,300	0.000000	0.000000	81,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	45,112,321	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	135,397,169	0.000000	0.000000	906,311	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,115,500	0.000000	0.000000	24,880	62.00
65.00	06500	RESPIRATORY THERAPY	0	53,193,548	0.000000	0.000000	524,797	65.00
66.00	06600	PHYSICAL THERAPY	0	25,163,289	0.000000	0.000000	7,211,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	25,819,555	0.000000	0.000000	681	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,452,619	0.000000	0.000000	51,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,758,771	0.000000	0.000000	17,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	52,567,991	0.000000	0.000000	406,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	80,431,622	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	47,238	216,857,974	0.000218	0.000218	2,633,815	73.00
74.00	07400	RENAL DIALYSIS	0	4,559,946	0.000000	0.000000	95,271	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	39,259,426	0.000000	0.000000	0	75.00
76.00	03020	REHAB MEDICINE	0	1,445,154	0.000000	0.000000	148,904	76.00
76.20	03021	DAY HOSPITAL	0	3,106,946	0.000000	0.000000	0	76.20
76.30	03022	LITHOTRIPTER	0	7,307,024	0.000000	0.000000	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0	49,919,414	0.000000	0.000000	25,342	76.45
76.97	07697	CARDIAC REHABILITATION	0	2,194,821	0.000000	0.000000	208	76.97
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	DIABETES CARE CENTER	0	76,462	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT CENTER	0	3,368,965	0.000000	0.000000	0	90.02
90.03	09003	PAIN CLINIC	0	4,776,686	0.000000	0.000000	0	90.03
90.05	09004	WOUND CARE CENTER	0	0	0.000000	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0	2,463,551	0.000000	0.000000	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0	2,587,612	0.000000	0.000000	0	90.07
91.00	09100	EMERGENCY	106,285	124,923,412	0.000851	0.000851	2,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	19,953,774	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	153,523	1,552,817,135			12,867,418	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/29/2014 8:32 am
	Component CCN: 14T223	Title XVIIII	Subprovider - IRF PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03023 ACUPUNCTURE	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
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	574	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 REHAB MEDICINE	0	0	0	76.00
76.20	03021 DAY HOSPITAL	0	0	0	76.20
76.30	03022 LI THOTRIPTER	0	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 DIABETES CARE CENTER	0	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0	0	0	90.02
90.03	09003 PAIN CLINIC	0	0	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0	0	0	90.07
91.00	09100 EMERGENCY	2	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	576	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am			
		Component CCN: 14T223	Title XVIII	Subprovider - IRF	PPS		
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed 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	0.305810	0	0	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063248	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229516	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.232885	0	0	0	56.00
57.00	05700	CT SCAN	0.055670	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	0	0	0	59.00
60.00	06000	LABORATORY	0.152643	0	0	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.343894	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	0	0	0	75.00
76.00	03020	REHAB MEDICINE	0.613637	0	0	0	76.00
76.20	03021	DAY HOSPITAL	0.474919	0	0	0	76.20
76.30	03022	LITHOTRIPTER	0.247056	0	0	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	0	0	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	0	0	0	76.97
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	0	0	0	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	0	0	90.01
90.02	09002	OUTPATIENT CENTER	0.481513	0	0	0	90.02
90.03	09003	PAIN CLINIC	0.307917	0	0	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	0	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	0	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	0	0	90.07
91.00	09100	EMERGENCY	0.177249	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000		0		95.00
200.00		Subtotal (see instructions)		0	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am
	Title XVII I	Subprovider - IRF	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
50.01 03023 ACUPUNCTURE	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
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
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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 REHAB MEDICINE	0	0	76.00
76.20 03021 DAY HOSPITAL	0	0	76.20
76.30 03022 LI THOTRIPTER	0	0	76.30
76.45 03024 GASTROENTEROLOGY LAB	0	0	76.45
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
90.01 09001 DIABETES CARE CENTER	0	0	90.01
90.02 09002 OUTPATIENT CENTER	0	0	90.02
90.03 09003 PAIN CLINIC	0	0	90.03
90.05 09004 WOUND CARE CENTER	0	0	90.05
90.06 09005 ANTI-COAG LAB	0	0	90.06
90.07 09006 HEART RISK ASSESSMENT	0	0	90.07
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am			
		Title XIX	Hospital	Cost			
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	0.305810	0	3,382,994	0	0	50.00
50.01	03023 ACUPUNCTURE	0.000000	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0.170676	0	955,344	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.468061	0	677,654	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063248	0	3,078,275	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.229516	0	5,397,220	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.252886	0	2,070,264	0	0	55.00
56.00	05600 RADIOISOTOPE	0.232885	0	917,247	0	0	56.00
57.00	05700 CT SCAN	0.055670	0	4,686,706	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.092781	0	3,239,625	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.105888	0	953,993	0	0	59.00
60.00	06000 LABORATORY	0.152643	0	6,977,030	0	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	0	291,427	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.174320	0	510,519	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.346939	0	38,822	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.560547	0	4,861,675	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.138355	0	3,683,033	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.177340	0	526,664	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	0	1,058,742	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.559769	0	714,968	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.196672	0	5,278,003	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.343894	0	6,995	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.221269	0	6,466,684	0	0	75.00
76.00	03020 REHAB MEDICINE	0.613637	0	45,026	0	0	76.00
76.20	03021 DAY HOSPITAL	0.474919	0	227,831	0	0	76.20
76.30	03022 LI THOTRIPTER	0.247056	0	1,483,300	0	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	0.160142	0	1,291,410	0	0	76.45
76.97	07697 CARDIAC REHABILITATION	0.376121	0	37,053	0	0	76.97
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	0	0	90.00
90.01	09001 DIABETES CARE CENTER	1.809670	0	25,320	0	0	90.01
90.02	09002 OUTPATIENT CENTER	0.481513	0	268,213	0	0	90.02
90.03	09003 PAIN CLINIC	0.307917	0	157,312	0	0	90.03
90.05	09004 WOUND CARE CENTER	0.000000	0	0	0	0	90.05
90.06	09005 ANTI-COAG LAB	0.526192	0	67,252	0	0	90.06
90.07	09006 HEART RISK ASSESSMENT	0.139354	0	61,561	0	0	90.07
91.00	09100 EMERGENCY	0.177249	0	13,835,198	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	1,612,358	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.000000	0	0			95.00
200.00	Subtotal (see instructions)		0	74,885,718	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	74,885,718	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/29/2014 8:32 am
		Title XIX	Hospital	Cost
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	1,034,553	0	50.00
50.01	03023 ACUPUNCTURE	0	0	50.01
51.00	05100 RECOVERY ROOM	163,054	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	317,183	0	52.00
53.00	05300 ANESTHESIOLOGY	194,695	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,238,748	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	523,541	0	55.00
56.00	05600 RADIOISOTOPE	213,613	0	56.00
57.00	05700 CT SCAN	260,909	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	300,576	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	101,016	0	59.00
60.00	06000 LABORATORY	1,064,995	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	128,587	0	62.00
65.00	06500 RESPIRATORY THERAPY	88,994	0	65.00
66.00	06600 PHYSICAL THERAPY	13,469	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	2,725,197	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	509,566	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	93,399	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	486,908	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	400,217	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,038,035	0	73.00
74.00	07400 RENAL DIALYSIS	2,406	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	1,430,877	0	75.00
76.00	03020 REHAB MEDICINE	27,630	0	76.00
76.20	03021 DAY HOSPITAL	108,201	0	76.20
76.30	03022 LI THOTRIPTER	366,458	0	76.30
76.45	03024 GASTROENTEROLOGY LAB	206,809	0	76.45
76.97	07697 CARDIAC REHABILITATION	13,936	0	76.97
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETES CARE CENTER	45,821	0	90.01
90.02	09002 OUTPATIENT CENTER	129,148	0	90.02
90.03	09003 PAIN CLINIC	48,439	0	90.03
90.05	09004 WOUND CARE CENTER	0	0	90.05
90.06	09005 ANTI-COAG LAB	35,387	0	90.06
90.07	09006 HEART RISK ASSESSMENT	8,579	0	90.07
91.00	09100 EMERGENCY	2,452,275	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	859,719	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	16,632,940	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	16,632,940	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2014 8:32 am
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)		103,910	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		103,910	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		94,301	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)		40,071	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)		115,052,860	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)		115,052,860	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		115,052,860	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)		1,107.24	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		44,368,214	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)		44,368,214	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	14,168,232	5,933	2,388.04	1,220	2,913,409	43.00
44.00	CORONARY CARE UNIT	15,237,291	7,040	2,164.39	3,518	7,614,324	44.00
44.01	NEONATAL CARE UNIT	20,110,044	13,956	1,440.96	0	0	44.01
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)					72,903,089	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					127,799,036	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)					6,302,985	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,832,660	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					10,135,645	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					117,663,391	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)					9,609	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,107.24	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					10,639,469	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 8:32 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	13,237,013	115,052,860	0.115052	10,639,469	1,224,092	90.00
91.00	Nursing School cost	0	115,052,860	0.000000	10,639,469	0	91.00
92.00	Allied health cost	706,748	115,052,860	0.006143	10,639,469	65,358	92.00
93.00	All other Medical Education	0	115,052,860	0.000000	10,639,469	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14S223		Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,763	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,763	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,763	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,841	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)		13,357,245	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)		13,357,245	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		13,357,245	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)		1,241.03	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,766,796	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)		4,766,796	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1		
		Component CCN: 14S223				Date/Time Prepared: 5/29/2014 8:32 am		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
44.01	NEONATAL CARE UNIT	0	0	0.00	0	0	44.01	
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)						601,042	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						5,367,838	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)						504,631	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						31,257	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						535,888	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						4,831,950	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: 140223 Component CCN: 14S223		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,360,022	13,357,245	0.101819	0	0	90.00
91.00	Nursing School cost	0	13,357,245	0.000000	0	0	91.00
92.00	Allied health cost	54,037	13,357,245	0.004046	0	0	92.00
93.00	All other Medical Education	0	13,357,245	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1
		Component CCN: 14T223		Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		12,335	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		12,335	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		12,335	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,936	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)		12,732,464	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)		12,732,464	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		12,732,464	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)		1,032.22	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		7,159,478	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		7,159,478	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 14T223				Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
44.01 NEONATAL CARE UNIT	0	0	0.00	0	0		44.01
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)					3,722,797		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					10,882,275		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)					767,746		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					125,303		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					893,049		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					9,989,226		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		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		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140223 Component CCN: 14T223		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,303,500	12,732,464	0.102376	0	0	90.00
91.00	Nursing School cost	0	12,732,464	0.000000	0	0	91.00
92.00	Allied health cost	61,929	12,732,464	0.004864	0	0	92.00
93.00	All other Medical Education	0	12,732,464	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 8:32 am	
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		87,791,296	30.00
31.00	03100	INTENSIVE CARE UNIT		5,081,316	31.00
32.00	03200	CORONARY CARE UNIT		14,846,312	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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	0.305810	30,306,356	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	4,454,029	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	31,171	52.00
53.00	05300	ANESTHESIOLOGY	0.066557	8,576,912	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229540	14,891,482	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	1,093,178	55.00
56.00	05600	RADIOISOTOPE	0.232885	4,892,446	56.00
57.00	05700	CT SCAN	0.055670	19,744,240	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	6,692,251	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	12,928,030	59.00
60.00	06000	LABORATORY	0.152643	38,367,217	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	3,795,485	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	13,847,844	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	6,685,316	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	31,703	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	10,117,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	1,811,955	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	16,654,370	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	25,852,824	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	57,960,747	73.00
74.00	07400	RENAL DIALYSIS	0.343894	2,282,910	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	529,939	75.00
76.00	03020	REHAB MEDICINE	0.613637	38,193	76.00
76.20	03021	DAY HOSPITAL	0.474919	1,675	76.20
76.30	03022	LITHOTRIPTER	0.247056	90,749	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	3,874,552	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	74,876	76.97
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	0	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	372	90.01
90.02	09002	OUTPATIENT CENTER	0.486831	19,510	90.02
90.03	09003	PAIN CLINIC	0.307917	8,007	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	6,422	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	7,271	90.07
91.00	09100	EMERGENCY	0.190577	22,132,808	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	1,875,913	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		309,678,248	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		309,678,248	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		7,151,991	40.00
41.00	04100	SUBPROVIDER - IPF		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	0.305810	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066557	4,137	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229540	63,079	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	9,263	55.00
56.00	05600	RADIOISOTOPE	0.232885	9,697	56.00
57.00	05700	CT SCAN	0.055670	156,959	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	37,365	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	0	59.00
60.00	06000	LABORATORY	0.152643	676,274	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	604	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	25,776	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	149,444	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	127,943	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	62,907	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	8,687	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	16,683	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	1,008,115	73.00
74.00	07400	RENAL DIALYSIS	0.343894	32,191	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	0	75.00
76.00	03020	REHAB MEDICINE	0.613637	16,485	76.00
76.20	03021	DAY HOSPITAL	0.474919	4,550	76.20
76.30	03022	LITHOTRIPTER	0.247056	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	12,382	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	0	76.97
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	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	90.01
90.02	09002	OUTPATIENT CENTER	0.486831	0	90.02
90.03	09003	PAIN CLINIC	0.307917	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	90.07
91.00	09100	EMERGENCY	0.190577	505,910	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,928,451	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		2,928,451	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/29/2014 8:32 am	
		Title VIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		12,796,206	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	0.305810	13,033	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	2,329	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	0	52.00
53.00	05300	ANESTHESIOLOGY	0.066557	10,775	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229540	213,468	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	85,185	55.00
56.00	05600	RADIOISOTOPE	0.232885	166,530	56.00
57.00	05700	CT SCAN	0.055670	244,921	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	81,221	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	0	59.00
60.00	06000	LABORATORY	0.152643	906,311	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	24,880	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	524,797	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	7,211,594	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	681	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	51,631	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	17,194	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	406,823	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	2,633,815	73.00
74.00	07400	RENAL DIALYSIS	0.343894	95,271	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	0	75.00
76.00	03020	REHAB MEDICINE	0.613637	148,904	76.00
76.20	03021	DAY HOSPITAL	0.474919	0	76.20
76.30	03022	LITHOTRIPTER	0.247056	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	25,342	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	208	76.97
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	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	90.01
90.02	09002	OUTPATIENT CENTER	0.486831	0	90.02
90.03	09003	PAIN CLINIC	0.307917	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	90.07
91.00	09100	EMERGENCY	0.190577	2,505	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		12,867,418	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		12,867,418	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/29/2014 8:32 am	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		27,242,001	30.00
31.00	03100	INTENSIVE CARE UNIT		7,482,982	31.00
32.00	03200	CORONARY CARE UNIT		1,933,266	32.00
32.01	03201	NEONATAL CARE UNIT		26,145,847	32.01
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		4,356,523	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.305810	4,925,026	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	598,662	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	9,733,016	52.00
53.00	05300	ANESTHESIOLOGY	0.063248	4,903,026	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229516	3,926,240	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	115,127	55.00
56.00	05600	RADIOISOTOPE	0.232885	687,300	56.00
57.00	05700	CT SCAN	0.055670	2,982,886	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	1,794,369	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	1,364,712	59.00
60.00	06000	LABORATORY	0.152643	10,658,143	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	1,901,147	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	14,660,322	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	409,597	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	787,065	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	2,476,120	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	545,085	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	4,343,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	1,902,476	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	25,648,542	73.00
74.00	07400	RENAL DIALYSIS	0.343894	270,938	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	631,553	75.00
76.00	03020	REHAB MEDICINE	0.613637	37,977	76.00
76.20	03021	DAY HOSPITAL	0.474919	0	76.20
76.30	03022	LITHOTRIPTER	0.247056	9,009	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	421,576	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	9,315	76.97
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	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	90.01
90.02	09002	OUTPATIENT CENTER	0.481513	261	90.02
90.03	09003	PAIN CLINIC	0.307917	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	90.07
91.00	09100	EMERGENCY	0.177249	4,057,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	142,695	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		99,943,345	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		99,943,345	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14S223		Date/Time Prepared: 5/29/2014 8:32 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		2,107,646	40.00
41.00	04100	SUBPROVIDER - IPF		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	0.305810	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063248	1,355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229516	5,900	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	0	55.00
56.00	05600	RADIOISOTOPE	0.232885	0	56.00
57.00	05700	CT SCAN	0.055670	3,384	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	17,508	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	0	59.00
60.00	06000	LABORATORY	0.152643	216,033	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	0	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	7,202	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	4,564	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	6,498	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	8,229	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	812	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	2,741	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	169,561	73.00
74.00	07400	RENAL DIALYSIS	0.343894	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	0	75.00
76.00	03020	REHAB MEDICINE	0.613637	4,273	76.00
76.20	03021	DAY HOSPITAL	0.474919	0	76.20
76.30	03022	LITHOTRIPTER	0.247056	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	3,647	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	0	76.97
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	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	90.01
90.02	09002	OUTPATIENT CENTER	0.481513	0	90.02
90.03	09003	PAIN CLINIC	0.307917	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	90.07
91.00	09100	EMERGENCY	0.177249	193,314	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		645,021	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		645,021	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 14T223		Date/Time Prepared: 5/29/2014 8:32 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
32.01	03201	NEONATAL CARE UNIT		0	32.01
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		1,692,635	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	0.305810	0	50.00
50.01	03023	ACUPUNCTURE	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0.170676	1,392	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.468061	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063248	1,355	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.229516	36,717	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.252886	69,656	55.00
56.00	05600	RADIOISOTOPE	0.232885	20,135	56.00
57.00	05700	CT SCAN	0.055670	31,616	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.092781	8,823	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105888	0	59.00
60.00	06000	LABORATORY	0.152643	104,773	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.441233	2,751	62.00
65.00	06500	RESPIRATORY THERAPY	0.174320	43,146	65.00
66.00	06600	PHYSICAL THERAPY	0.346939	990,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.560547	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.138355	4,688	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.177340	2,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.459893	36,420	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.559769	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196672	386,891	73.00
74.00	07400	RENAL DIALYSIS	0.343894	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.221269	0	75.00
76.00	03020	REHAB MEDICINE	0.613637	37,365	76.00
76.20	03021	DAY HOSPITAL	0.474919	0	76.20
76.30	03022	LITHOTRIPTER	0.247056	0	76.30
76.45	03024	GASTROENTEROLOGY LAB	0.160142	0	76.45
76.97	07697	CARDIAC REHABILITATION	0.376121	0	76.97
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	90.00
90.01	09001	DIABETES CARE CENTER	1.809670	0	90.01
90.02	09002	OUTPATIENT CENTER	0.481513	0	90.02
90.03	09003	PAIN CLINIC	0.307917	0	90.03
90.05	09004	WOUND CARE CENTER	0.000000	0	90.05
90.06	09005	ANTI-COAG LAB	0.526192	0	90.06
90.07	09006	HEART RISK ASSESSMENT	0.139354	0	90.07
91.00	09100	EMERGENCY	0.177249	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.533206	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		1,778,668	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,778,668	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 8:32 am
		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)		66,768,011	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		20,272,975	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)		2,857,370	2.00
2.01	Outlier reconciliation amount		0	2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0	2.02
3.00	Managed Care Simulated Payments		4,140,450	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		519.58	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)		188.61	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)		3.55	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.		13.75	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)		7.41	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)		206.22	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		206.18	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)		206.18	12.00
13.00	Total allowable FTE count for the prior year.		200.35	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.		194.94	14.00
15.00	Sum of lines 12 through 14 divided by 3.		200.49	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		200.49	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.385869	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.376857	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.376857	21.00
22.00	IME payment adjustment (see instructions)		17,021,842	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)		17,021,842	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		3.27	30.00
31.00	Percentage of Medicaid patient days (see instructions)		23.49	31.00
32.00	Sum of lines 30 and 31		26.76	32.00
33.00	Allowable disproportionate share percentage (see instructions)		11.29	33.00
34.00	Disproportionate share adjustment (see instructions)		8,110,313	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 8:32 am	
		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)			0.000885238	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)			8,008,200	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			2,018,507	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		2,018,507		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)		117,049,018		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)		117,049,018		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		8,913,247		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).		6,125,185		52.00
53.00	Nursing and Allied Health Managed Care payment		29,000		53.00
54.00	Special add-on payments for new technologies		2,526		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).		351,439		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		37,614		58.00
59.00	Total (sum of amounts on lines 49 through 58)		132,508,029		59.00
60.00	Primary payer payments		109,786		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		132,398,243		61.00
62.00	Deductibles billed to program beneficiaries		7,911,196		62.00
63.00	Coinurance billed to program beneficiaries		451,178		63.00
64.00	Allowable bad debts (see instructions)		1,361,900		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		885,235		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		931,313		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		124,921,104		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				0	70.00
70.92	Bundled Model 1 discount amount			0	70.92
70.93	HVBP incentive payment (see instructions)		285,966		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-572,138		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: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		124,634,932		71.00
71.01	Sequestration adjustment (see instructions)		1,881,987		71.01
72.00	Interim payments		120,746,730		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		2,006,215		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		18,714,599		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 8:32 am
		Title XVII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,319	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		44,742,249	2.00
3.00	PPS payments		36,844,584	3.00
4.00	Outlier payment (see instructions)		183,858	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.821	5.00
6.00	Line 2 times line 5		36,733,386	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		33,090	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,319	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		42,301	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)		42,301	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)		42,301	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		33,982	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,319	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)		37,061,532	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		8,218,376	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		28,851,475	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		1,905,433	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)		30,756,908	30.00
31.00	Primary payer payments		7,641	31.00
32.00	Subtotal (line 30 minus line 31)		30,749,267	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)		1,187,859	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		772,108	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		918,928	36.00
37.00	Subtotal (see instructions)		31,521,375	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)		31,521,375	40.00
40.01	Sequestration adjustment (see instructions)		475,973	40.01
41.00	Interim payments		30,132,633	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		912,769	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 8:32 am
		Component CCN: 14S223	Title XVII I	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		812	2.00
3.00	PPS payments		495	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		495	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		159	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		336	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)		336	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		336	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)		336	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)		336	40.00
40.01	Sequestration adjustment (see instructions)		5	40.01
41.00	Interim payments		1	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		330	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/29/2014 8:32 am
		Component CCN: 14T223	Title XVII I	Subprovider - IRF PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		1,689	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,689	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		588	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,101	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)		1,101	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,101	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)		1,101	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)		1,101	40.00
40.01	Sequestration adjustment (see instructions)		17	40.01
41.00	Interim payments		329	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		755	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		120,104,913		29,935,949	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	08/06/2013	170,219	08/06/2013	153,231	3.01
3.02		12/31/2013	471,598	12/31/2013	43,453	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)		641,817		196,684	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)		120,746,730		30,132,633	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		2,006,215		912,769	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		122,752,945		31,045,402	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: 140223
Component CCN: 14S223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,356,038		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	08/06/2013	32,460		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)		32,460		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,388,498		1	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		31,098		330	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,419,596		331	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: 140223
Component CCN: 14T223

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2014 8:32 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
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		8,981,290		329	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/06/2013	21,233		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)		21,233		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)		9,002,523		329	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		101,767		755	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		9,104,290		1,084	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: 140223

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

Worksheet E-1
Part II
Date/Time Prepared:
5/29/2014 8:32 am

		Title VIII	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			26,317 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			44,809 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,371 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			121,230 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,929,299,499 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			50,885,000 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)			1,273,085 8.00
9.00	Sequestration adjustment amount (see instructions)			25,462 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,247,623 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,239,507 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)			8,116 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14S223	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/29/2014 8:32 am
		Title XVII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			3,473,363 1.00
2.00	Net IPF PPS Outlier Payments			37,867 2.00
3.00	Net IPF PPS ECT Payments			52,589 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			3.45 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)			1.84 6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			1.84 8.00
9.00	Average Daily Census (see instructions)			29.487671 9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.			0.031664 10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).			109,981 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			3,673,800 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			0 14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			3,673,800 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			3,673,800 18.00
19.00	Deductibles			247,288 19.00
20.00	Subtotal (line 18 minus line 19)			3,426,512 20.00
21.00	Coinsurance			20,044 21.00
22.00	Subtotal (line 20 minus line 21)			3,406,468 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			69,161 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			44,955 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			59,327 25.00
26.00	Subtotal (sum of lines 22 and 24)			3,451,423 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			19,933 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	PSR			668 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			3,472,024 31.00
31.01	Sequestration adjustment (see instructions)			52,428 31.01
32.00	Interim payments			3,388,498 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33			31,098 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			37,867 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140223 Component CCN: 14T223	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part III Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIIII	Subprovider - IRF	PPS
		Prior to 10/01	On/After 10/01	
		1.00	1.01	
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)	6,387,768	2,006,636	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0165		2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	332,803	71,436	3.00
4.00	Outlier Payments	491,984		4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.10		5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00		5.01
6.00	New Teaching program adjustment. (see instructions)	0.00		6.00
7.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)	0.00		7.00
8.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)	0.00		8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00		9.00
10.00	Average Daily Census (see instructions)	33.794521		10.00
11.00	Teaching Adjustment Factor (see instructions)	0.000000	0.000000	11.00
12.00	Teaching Adjustment (see instructions)	0	0	12.00
13.00	Total PPS Payment (see instructions)	9,290,627		13.00
14.00	Nursing and Allied Health Managed Care payments (see instruction)	0		14.00
15.00	Organ acquisition (DO NOT USE THIS LINE)			15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0		16.00
17.00	Subtotal (see instructions)	9,290,627		17.00
18.00	Primary payer payments	0		18.00
19.00	Subtotal (line 17 less line 18).	9,290,627		19.00
20.00	Deductibles	46,148		20.00
21.00	Subtotal (line 19 minus line 20)	9,244,479		21.00
22.00	Coinurance	55,734		22.00
23.00	Subtotal (line 21 minus line 22)	9,188,745		23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	19,423		24.00
25.00	Adjusted reimbursable bad debts (see instructions)	12,625		25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	5,568		26.00
27.00	Subtotal (sum of lines 23 and 25)	9,201,370		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0		28.00
29.00	Other pass through costs (see instructions)	35,395		29.00
30.00	Outlier payments reconciliation	0		30.00
31.00	PSR AMOUNT	7,107		31.00
31.99	Recovery of Accelerated Depreciation	0		31.99
32.00	Total amount payable to the provider (see instructions)	9,243,872		32.00
32.01	Sequestration adjustment (see instructions)	139,582		32.01
33.00	Interim payments	9,002,523		33.00
34.00	Tentative settlement (for contractor use only)	0		34.00
35.00	Balance due provider/program line 32 minus lines 32.01, 33 and 34	101,767		35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0		36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	491,984		50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0		51.00
52.00	The rate used to calculate the Time Value of Money	0.00		52.00
53.00	Time Value of Money (see instructions)	0		53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 8:32 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			194.81	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			3.05	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with 42 CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			14.52	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			7.87	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts)			214.15	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			214.11	6.00
7.00	Enter the lesser of line 5 or line 6			214.11	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	138.77	61.99	200.76	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	138.77	61.99	200.76	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	138.77	61.99		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	134.87	58.22		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	136.15	54.70		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	136.60	58.30		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	136.60	58.30		17.00
18.00	Per resident amount	104,023.50	99,822.07		18.00
19.00	Approved amount for resident costs	14,209,610	5,819,627	20,029,237	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			20,029,237	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days (see instructions)	55,586	2,657		26.00
27.00	Total Inpatient Days (see instructions)	144,328	144,328		27.00
28.00	Ratio of inpatient days to total inpatient days	0.385137	0.018409		28.00
29.00	Program direct GME amount	7,714,000	368,718		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		52,100		30.00
31.00	Net Program direct GME amount			8,030,618	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,559,946	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		144,049,149	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		109,786	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		143,939,363	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		44,784,470	42.00
43.00	Primary payer payments (see instructions)		7,641	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		44,776,829	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		188,716,192	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.762729	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.237271	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		8,030,618	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		6,125,185	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		1,905,433	50.00

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

Provider CCN: 140223

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

Worksheet G
Date/Time Prepared:
5/29/2014 8:32 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	384,503,000	0	0	0	1.00
2.00	Temporary investments	76,933,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	460,505,000	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	150,190,000	0	0	0	9.00
10.00	Due from other funds	38,095,000	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	1,110,226,000	0	0	0	11.00
FIXED ASSETS						
12.00	Land	107,227,000	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	2,091,880,000	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	1,135,113,000	0	0	0	23.00
24.00	Accumulated depreciation	-1,865,835,000	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)	1,468,385,000	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	3,904,368,000	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	224,170,000	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,128,538,000	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	6,707,149,000	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	231,202,000	0	0	0	37.00
38.00	Salaries, wages, and fees payable	434,930,000	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	35,980,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	415,573,000	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	1,117,685,000	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	1,238,432,000	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	788,973,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,027,405,000	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	3,145,090,000	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	3,562,059,000	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	3,562,059,000	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	6,707,149,000	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140223

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

Worksheet G-1

Date/Time Prepared:
5/29/2014 8:32 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		3,462,582,841		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		99,476,159			2.00
3.00	Total (sum of line 1 and line 2)		3,562,059,000		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		3,562,059,000		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		3,562,059,000		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140223

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2014 8:32 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	225,659,467		225,659,467	1.00
2.00	SUBPROVIDER - IPF	19,997,654		19,997,654	2.00
3.00	SUBPROVIDER - IRF	22,918,579		22,918,579	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	268,575,700		268,575,700	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	25,876,620		25,876,620	11.00
12.00	CORONARY CARE UNIT	25,835,277		25,835,277	12.00
12.01	NEONATAL CARE UNIT	56,839,398		56,839,398	12.01
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)	108,551,295		108,551,295	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	377,126,995		377,126,995	17.00
18.00	Ancillary services	750,842,155	635,385,809	1,386,227,964	18.00
19.00	Outpatient services	47,082,884	101,555,692	148,638,576	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OBSERVATION	3,011,931	16,941,843	19,953,774	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	1,178,063,965	753,883,344	1,931,947,309	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		631,870,438		29.00
30.00	ROUNDING	2			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)		2		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)		631,870,440		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140223

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

Worksheet G-3

Date/Time Prepared:
5/29/2014 8:32 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,931,947,309	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,214,408,623	2.00
3.00	Net patient revenues (line 1 minus line 2)	717,538,686	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	631,870,440	4.00
5.00	Net income from service to patients (line 3 minus line 4)	85,668,246	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	66,805	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	37,740	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	105,797	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	2,353,799	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	52,695	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	1,071,264	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	958,225	22.00
23.00	Governmental appropriations	0	23.00
24.00	PROGRAM FEES	32,250	24.00
24.01	GRANT RECOVERIES	830,534	24.01
24.02	RESTRICTED FUND INCOME	1,241,267	24.02
24.03	MISC INCOME	123,477	24.03
24.04	INTER-CO REVENUES	5,216,377	24.04
24.05	MEDICARE EHR INCENTIVE FUNDS	1,239,507	24.05
24.06	MEDICAD EHR INCENTIVE FUNDS	715,150	24.06
24.07		0	24.07
25.00	Total other income (sum of lines 6-24)	14,044,887	25.00
26.00	Total (line 5 plus line 25)	99,713,133	26.00
27.00	NON OPERATING LOSS	236,974	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	236,974	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	99,476,159	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet I-5 Date/Time Prepared: 5/29/2014 8:32 am
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		1.00	2.00	
PART I - CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B				
1.00	Total expenses related to care of program beneficiaries (see instructions)	0		1.00
2.00	Total payment due (from Wkst. 1-4, col. 6, line 11) (see instructions)	0	0	2.00
2.01	Total payment due (from Wkst. 1-4, col. 6.01, line 11) (see instructions)			2.01
2.02	Total payment due (from Wkst. 1-4, col. 6.02, line 11) (see instructions)	0	0	2.02
2.03	Total payment due (see instructions)	0	0	2.03
2.04	Outlier payments	0		2.04
3.00	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.00
3.01	Deductibles billed to Medicare (Part B) patients (see instructions)			3.01
3.02	Deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.02
3.03	Total deductibles billed to Medicare (Part B) patients (see instructions)	0	0	3.03
4.00	Coinsurance billed to Medicare (Part B) patients	0	0	4.00
4.01	Coinsurance billed to Medicare (Part B) patients (see instructions)			4.01
4.02	Coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.02
4.03	Total coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	4.03
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	0	5.00
5.01	Transition period 1 (75-25%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2011 but before 1/1/2012	0	0	5.01
5.02	Transition period 2 (50-50%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2012 but before 1/1/2013	0	0	5.02
5.03	Transition period 3 (25-75%) bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2013 but before 1/1/2014	0	0	5.03
5.04	100% PPS bad debts for deductibles and coinsurance net of bad debt recoveries for services rendered on or after 1/1/2014			5.04
5.05	Total bad debts (sum of line 5 through line 5.04)	0	0	5.05
6.00	Allowable bad debts (see instructions)	0		6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0		7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (see instructions)	0	0	8.00
9.00	Program payment (see instructions)	0	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (see instructions)			10.00
11.00	Reimbursable bad debts (see instructions) (transfer to Worksheet E, Part B, line 33)	0		11.00
PART II - CALCULATION OF FACILITY SPECIFIC COMPOSITE COST PERCENTAGE				
12.00	Total allowable expenses (see instructions)	0		12.00
13.00	Total composite costs (from Wkst. 1-4, col. 2, line 11)	0		13.00
14.00	Facility specific composite cost percentage (line 13 divided by line 12)	0.000000		14.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140223	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/29/2014 8:32 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,930,403	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		309,845	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)		332.14	3.00
4.00	Number of interns & residents (see instructions)		200.49	4.00
5.00	Indirect medical education percentage (see instructions)		18.57	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		1,286,976	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		3.27	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		23.49	8.00
9.00	Sum of lines 7 and 8		26.76	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.57	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		386,023	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		8,913,247	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