This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet S Parts I-III Date/Time Prepared: 4/30/2014 9:16 am

PART I - COST REPORT STATUS

Provider use only

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

Contractor use only

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by PROVIDENT HOSPITAL (140300) for the cost reporting period beginning 12/01/2012 and ending 11/30/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	155,116	17,399	346,891	0	1.00
2.00	Subprovider - IPF	0	0	0		0	2.00
3.00	Subprovider - IRF	0	0	0		0	3.00
4.00	SUBPROVIDER I	0	0	0		0	4.00
5.00	Swing bed - SNF	0	0	0		0	5.00
6.00	Swing bed - NF	0				0	6.00
10.00	RURAL HEALTH CLINIC I	0		0		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
200.00	Total	0	155,116	17,399	346,891	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 4/30/2014 9:16 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 500 EAST 51ST STREET	PO Box:			1.00
2.00	City: CHICAGO	State: IL	Zip Code: 60615-	County: COOK	2.00

		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N) V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
	Hospital and Hospital-Based Component Identification:									
3.00	Hospital	PROVIDENT HOSPITAL	140300	16974	1	10/08/1993	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	12/01/2012	11/30/2013	20.00
21.00	Type of Control (see instructions)	13		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
22.01	Did this hospital receive interim uncompensated care payments for this cost reporting period? Enter in column 1, "Y" for yes or "N" for no for the portion of the cost reporting period occurring prior to October 1. Enter in column 2 "Y" for yes or "N" for no for the portion of the cost reporting period occurring on or after October 1. (see instructions)		Y	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	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.	1,200	29	0	0	881	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0		25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I Date/Time Prepared: 4/30/2014 9:16 am

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

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

		V	XVIII	XIX	
		1.00	2.00	3.00	
	Prospective Payment System (PPS)-Capital				
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	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)	N			60.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 4/30/2014 9:16 am

		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20
					1.00	
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)					
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings					
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00

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

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

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	8.24	0.000000	66.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part I | Date/Time Prepared: 4/30/2014 9:16 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY MEDICINE	1350	0.00	1.25	0.000000	67.00

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

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

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

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

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

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

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	800,000	175,987	118.01

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

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	1.00	2.00	3.00	
	If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.			
141.00	Name:	Contractor's Name:	Contractor's Number:	141.00
142.00	Street:	PO Box:		142.00
143.00	City:	State:	Zip Code:	143.00

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

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

		Part A	Part B	Title V	Title XIX	
		1.00	2.00	3.00	4.00	
	Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00
161.10	CORF		N	N	N	161.10

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

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

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

		Beginning	Ending	
		1.00	2.00	
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	12/01/2012	11/30/2013	170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part II | Date/Time Prepared: 4/30/2014 9:16 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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

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

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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 4/30/2014 9:16 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	
	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
	Capital Related Cost					
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions					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.	MICHAEL	SUMRALL			41.00
42.00	Enter the employer/company name of the cost report preparer.	COOK COUNTY HEALTH & HOSPITALS SYSTE				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	312-864-4779	MSUMRALL@COOKCOUNTYHHS.ORG			43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part II Date/Time Prepared: 4/30/2014 9:16 am

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

HFS Supplemental Information | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-2 Part IX | Date/Time Prepared: 4/30/2014 9:16 am

		Title V	Title XIX	
		1.00	2.00	
	TITLES V AND/OR XIX FOLLOWING MEDICARE			
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
	CRITICAL ACCESS HOSPITALS			
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
	RCE DISALLOWANCE			
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
	PASS THROUGH COST			
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "O") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part I Date/Time Prepared: 4/30/2014 9:16 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	102	37,230	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)		102	37,230	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	11	4,015	0.00	0	8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		113	41,245	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00	SUBPROVIDER	42.00	0	0		0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	30.00					24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	99.10				0	25.10
26.00	RURAL HEALTH CLINIC	88.00				0	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00	Total (sum of lines 14-26)		113				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part I | Date/Time Prepared: 4/30/2014 9:16 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	738	1,229	5,703			1.00
2.00	HMO and other (see instructions)	44	881				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	0	0				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	738	1,229	5,703			7.00
8.00	INTENSIVE CARE UNIT	0	0	0			8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY		0	0			13.00
14.00	Total (see instructions)	738	1,229	5,703	9.42	376.00	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00	SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)	0	0	0			24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				9.42	376.00	27.00
28.00	Observation Bed Days		0	629			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)	0	0	0			32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00	LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part I | Date/Time Prepared: 4/30/2014 9:16 am

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	167	482	1,409	1.00
2.00	HMO and other (see instructions)			14			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	167	482	1,409	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
24.10	HOSPICE (non-distinct part)						24.10
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
32.01	Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part II Date/Time Prepared: 4/30/2014 9:16 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	32,740,950	0	32,740,950	782,994.76	41.82	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		2,861,207	0	2,861,207	20,040.00	142.77	4.00
4.01	Physicians - Part A - Teaching		13,564	0	13,564	95.00	142.78	4.01
5.00	Physician-Part B		8,727,591	0	8,727,591	74,531.48	117.10	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	426,639	426,639	8,123.76	52.52	7.00
7.01	Contracted interns and residents (in an approved programs)		860,483	0	860,483	17,140.45	50.20	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)		0	0	0	0.00	0.00	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,197,563	0	1,197,563	46,830.92	25.57	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		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	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)		6,495,856	0	6,495,856			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,092,004	0	2,092,004			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	0	0	0	0.00	0.00	26.00
27.00	Administrative & General	5.00	3,202,140	0	3,202,140	89,625.69	35.73	27.00
28.00	Administrative & General under contract (see inst.)		179,103	0	179,103	3,880.14	46.16	28.00
29.00	Maintenance & Repairs	6.00	1,007,694	0	1,007,694	24,667.03	40.85	29.00
30.00	Operation of Plant	7.00	820,545	0	820,545	17,801.44	46.09	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	1,152,070	0	1,152,070	59,322.83	19.42	32.00
33.00	Housekeeping under contract (see instructions)		278,359	0	278,359	13,917.93	20.00	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		929,408	0	929,408	46,470.39	20.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	919,850	0	919,850	26,046.50	35.32	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	71,793.01	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	406,664	0	406,664	18,881.40	21.54	41.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part II Date/Time Prepared: 4/30/2014 9:16 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	324,141	0	324,141	10,876.00	29.80	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part III Date/Time Prepared: 4/30/2014 9:16 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		24,526,182	-426,639	24,099,543	747,372.53	32.25	1.00
2.00	Excluded area salaries (see instructions)		0	0	0	0.00	0.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)		24,526,182	-426,639	24,099,543	747,372.53	32.25	3.00
4.00	Subtotal other wages & related costs (see inst.)		1,197,563	0	1,197,563	46,830.92	25.57	4.00
5.00	Subtotal wage-related costs (see inst.)		6,495,856	0	6,495,856	0.00	26.95	5.00
6.00	Total (sum of lines 3 thru 5)		32,219,601	-426,639	31,792,962	794,203.45	40.03	6.00
7.00	Total overhead cost (see instructions)		9,219,974	0	9,219,974	383,282.36	24.06	7.00

HOSPITAL WAGE RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part IV Date/Time Prepared: 4/30/2014 9:16 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)		
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	3,731,591	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
	HEALTH AND INSURANCE COST		
8.00	Health Insurance (Purchased or Self Funded)	3,989,597	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	171,700	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	66,213	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)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	194,371	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	337,974	17.00
18.00	Medicare Taxes - Employers Portion Only	83,073	18.00
19.00	Unemployment Insurance	13,342	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	8,587,861	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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-3 Part V Date/Time Prepared: 4/30/2014 9:16 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			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			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet S-10 | Date/Time Prepared: 4/30/2014 9:16 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)	0.703876	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	10,524,786	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	18,225,880	6.00
7.00	Medicaid cost (line 1 times line 6)	12,828,760	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)	2,303,974	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	21,033,706	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,303,974	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	18,468,718	0	18,468,718	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	12,999,687	0	12,999,687	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	12,999,687	0	12,999,687	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	23,657,056	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	112,790	27.00
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)	23,544,266	28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)	16,572,244	29.00
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)	29,571,931	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	31,875,905	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1,268,946	1,268,946	0	1,268,946	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		641,994	641,994	37,819	679,813	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	9,998,393	9,998,393	-4,414	9,993,979	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	3,202,140	5,976,332	9,178,472	-1,832,772	7,345,700	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,007,694	993,917	2,001,611	-43,770	1,957,841	6.00
7.00	00700	OPERATION OF PLANT	820,545	204,687	1,025,232	43,770	1,069,002	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	172,667	172,667	8.00
9.00	00900	HOUSEKEEPING	1,152,070	110,326	1,262,396	-203	1,262,193	9.00
10.00	01000	DIETARY	0	1,186,402	1,186,402	-1,185,954	448	10.00
11.00	01100	CAFETERIA	0	0	0	1,185,954	1,185,954	11.00
13.00	01300	NURSING ADMINISTRATION	919,850	290,158	1,210,008	-14,238	1,195,770	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	102,997	102,997	2,736,074	2,839,071	14.00
15.00	01500	PHARMACY	0	189,695	189,695	-189,689	6	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	406,664	64,525	471,189	0	471,189	16.00
17.00	01700	SOCIAL SERVICE	324,141	222,514	546,655	0	546,655	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	426,639	426,639	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	860,483	860,483	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,648,872	225,835	7,874,707	-440,536	7,434,171	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,723,905	307,643	3,031,548	-299,517	2,732,031	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	932,567	45,791	978,358	-44,226	934,132	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,224,510	911,561	3,136,071	-172,517	2,963,554	54.00
56.00	05600	RADIOISOTOPE	77,077	228,201	305,278	-228,201	77,077	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,565,116	476,769	2,041,885	-395,401	1,646,484	60.00
60.01	06001	BLOOD LABORATORY	241,374	97,656	339,030	-97,656	241,374	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	707,749	70,573	778,322	-70,573	707,749	65.00
66.00	06600	PHYSICAL THERAPY	200,089	386,774	586,863	-396	586,467	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	869,872	68,695	938,567	-30,592	907,975	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	494,530	494,530	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	-162	-162	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	819	819	-380	439	90.00
91.00	09100	EMERGENCY	7,716,715	914,389	8,631,104	-906,739	7,724,365	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	32,740,950	24,985,592	57,726,542	0	57,726,542	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		TOTAL (SUM OF LINES 118-199)	32,740,950	24,985,592	57,726,542	0	57,726,542	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A | Date/Time Prepared: 4/30/2014 9:16 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	651,762	1,920,708		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	679,813		2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	670,346	10,664,325		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	7,783,352	15,129,052		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,957,841		6.00
7.00	00700	OPERATION OF PLANT	0	1,069,002		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	172,667		8.00
9.00	00900	HOUSEKEEPING	278,359	1,540,552		9.00
10.00	01000	DIETARY	929,408	929,856		10.00
11.00	01100	CAFETERIA	0	1,185,954		11.00
13.00	01300	NURSING ADMINISTRATION	0	1,195,770		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,839,071		14.00
15.00	01500	PHARMACY	-213,535	-213,529		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-714	470,475		16.00
17.00	01700	SOCIAL SERVICE	0	546,655		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	426,639		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	860,483		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-2,536,203	4,897,968		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-1,032,138	1,699,893		50.00
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	-1,236,331	-302,199		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-6,000	2,957,554		54.00
56.00	05600	RADIOISOTOPE	0	77,077		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	-192,188	1,454,296		60.00
60.01	06001	BLOOD LABORATORY	0	241,374		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	707,749		65.00
66.00	06600	PHYSICAL THERAPY	0	586,467		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	-594,941	313,034		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,933,291	4,427,821		73.00
74.00	07400	RENAL DIALYSIS	0	-162		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	2,570,186	2,570,625		90.00
91.00	09100	EMERGENCY	-3,745,618	3,978,747		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
		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)	7,259,036	64,985,578		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		TOTAL (SUM OF LINES 118-199)	7,259,036	64,985,578		200.00

COST CENTERS USED IN COST REPORT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 4/30/2014 9:16 am

	Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
56.00	RADIOISOTOPE	05600		56.00
57.00	CT SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
62.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
	OUTPATIENT SERVICE COST CENTERS			
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
	OTHER REIMBURSABLE COST CENTERS			
99.10	CORF	09910		99.10
	SPECIAL PURPOSE COST CENTERS			
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-6 | Date/Time Prepared: 4/30/2014 9:16 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - RCLS CAFETERIA COST TO DIETARY				
1.00	CAFETERIA	11.00	0	1,185,954	1.00
	TOTALS		0	1,185,954	
	B - RCLS EQUIP RENTAL COST TO CAPITAL				
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	37,819	1.00
	TOTALS		0	37,819	
	C - RCLS LAWN CARE TO PLANT OPERATION				
1.00	OPERATION OF PLANT	7.00	0	43,770	1.00
	TOTALS		0	43,770	
	D - DEFAULT				
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	426,639	0	1.00
	TOTALS		426,639	0	
	E - DEFAULT				
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	860,483	1.00
	TOTALS		0	860,483	
	F - RCLS LAUNDRY COST FROM OTHER COST				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	172,667	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	172,667	
	G - RCLS PHARMACY COST TO DRUGS CHARGED				
1.00		0.00	0	0	1.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	494,530	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
	TOTALS		0	494,530	
	H - RCLS SUPPLY COST TO CENTRAL SUPPLY				
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	2,839,068	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
	TOTALS		0	2,839,068	
500.00	Grand Total: Increases		426,639	5,634,291	500.00

RECLASSIFICATIONS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-6 | Date/Time Prepared: 4/30/2014 9:16 am

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
	A - RCLS CAFETERIA COST TO DIETARY					
1.00	DIETARY	10.00	0	1,185,954	0	1.00
	TOTALS		0	1,185,954		
	B - RCLS EQUIP RENTAL COST TO CAPITAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	37,819	10	1.00
	TOTALS		0	37,819		
	C - RCLS LAWN CARE TO PLANT OPERATION					
1.00	MAINTENANCE & REPAIRS	6.00	0	43,770	0	1.00
	TOTALS		0	43,770		
	D - DEFAULT					
1.00	ADULTS & PEDIATRICS	30.00	426,639	0	0	1.00
	TOTALS		426,639	0		
	E - DEFAULT					
1.00	EMERGENCY	91.00	0	860,483	0	1.00
	TOTALS		0	860,483		
	F - RCLS LAUNDRY COST FROM OTHER COST					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	169,787	0	1.00
2.00	NURSING ADMINISTRATION	13.00	0	2,880	0	2.00
	TOTALS		0	172,667		
	G - RCLS PHARMACY COST TO DRUGS CHARGED					
1.00		0.00	0	0	0	1.00
8.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	4,414	0	8.00
9.00	ADMINISTRATIVE & GENERAL	5.00	0	124,037	0	9.00
10.00	HOUSEKEEPING	9.00	0	17	0	10.00
11.00	NURSING ADMINISTRATION	13.00	0	17	0	11.00
12.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,575	0	12.00
13.00	PHARMACY	15.00	0	187,573	0	13.00
14.00	ADULTS & PEDIATRICS	30.00	0	2,056	0	14.00
15.00	OPERATING ROOM	50.00	0	8,741	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	25,889	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	613	0	17.00
18.00	LABORATORY	60.00	0	4,396	0	18.00
19.00	RESPIRATORY THERAPY	65.00	0	2,165	0	19.00
20.00	ELECTROCARDIOLOGY	69.00	0	29,709	0	20.00
21.00	RENAL DIALYSIS	74.00	0	162	0	21.00
22.00	CLINIC	90.00	0	37	0	22.00
23.00	EMERGENCY	91.00	0	5,129	0	23.00
	TOTALS		0	494,530		
	H - RCLS SUPPLY COST TO CENTRAL SUPPLY					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,501,129	0	1.00
2.00	HOUSEKEEPING	9.00	0	186	0	2.00
3.00	NURSING ADMINISTRATION	13.00	0	11,341	0	3.00
4.00	PHARMACY	15.00	0	2,116	0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	11,841	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,419	0	6.00
7.00	OPERATING ROOM	50.00	0	290,776	0	7.00
8.00	RADIOISOTOPE	56.00	0	228,201	0	8.00
9.00	ANESTHESIOLOGY	53.00	0	18,337	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	171,904	0	10.00
11.00	LABORATORY	60.00	0	391,005	0	11.00
12.00	BLOOD LABORATORY	60.01	0	97,656	0	12.00
13.00	RESPIRATORY THERAPY	65.00	0	68,408	0	13.00
14.00	PHYSICAL THERAPY	66.00	0	396	0	14.00
15.00	ELECTROCARDIOLOGY	69.00	0	883	0	15.00
16.00	CLINIC	90.00	0	343	0	16.00
17.00	EMERGENCY	91.00	0	41,127	0	17.00
	TOTALS		0	2,839,068		
500.00	Grand Total: Decreases		426,639	5,634,291		500.00

RECLASSIFICATIONS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-6 Non-CMS Worksheet Date/Time Prepared: 4/30/2014 9:16 am

	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
	A - RCLS CAFETERIA COST TO DIETARY						
1.00	CAFETERIA	11.00	0	DIETARY	10.00	0	1.00
	TOTALS		0	TOTALS		0	
	B - RCLS EQUIP RENTAL COST TO CAPITAL						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		0	TOTALS		0	
	C - RCLS LAWN CARE TO PLANT OPERATION						
1.00	OPERATION OF PLANT	7.00	0	MAINTENANCE & REPAIRS	6.00	0	1.00
	TOTALS		0	TOTALS		0	
	D - DEFAULT						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	426,639	ADULTS & PEDIATRICS	30.00	426,639	1.00
	TOTALS		426,639	TOTALS		426,639	
	E - DEFAULT						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	EMERGENCY	91.00	0	1.00
	TOTALS		0	TOTALS		0	
	F - RCLS LAUNDRY COST FROM OTHER COST						
1.00	LAUNDRY & LINEN SERVICE	8.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00		0.00	0	NURSING ADMINISTRATION	13.00	0	2.00
	TOTALS		0	TOTALS		0	
	G - RCLS PHARMACY COST TO DRUGS CHARGED						
1.00		0.00	0		0.00	0	1.00
8.00	DRUGS CHARGED TO PATIENTS	73.00	0	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	8.00
9.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0	9.00
10.00		0.00	0	HOUSEKEEPING	9.00	0	10.00
11.00		0.00	0	NURSING ADMINISTRATION	13.00	0	11.00
12.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	12.00
13.00		0.00	0	PHARMACY	15.00	0	13.00
14.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	14.00
15.00		0.00	0	OPERATING ROOM	50.00	0	15.00
16.00		0.00	0	ANESTHESIOLOGY	53.00	0	16.00
17.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	17.00
18.00		0.00	0	LABORATORY	60.00	0	18.00
19.00		0.00	0	RESPIRATORY THERAPY	65.00	0	19.00
20.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	20.00
21.00		0.00	0	RENAL DIALYSIS	74.00	0	21.00
22.00		0.00	0	CLINIC	90.00	0	22.00
23.00		0.00	0	EMERGENCY	91.00	0	23.00
	TOTALS		0	TOTALS		0	
	H - RCLS SUPPLY COST TO CENTRAL SUPPLY						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00		0.00	0	HOUSEKEEPING	9.00	0	2.00
3.00		0.00	0	NURSING ADMINISTRATION	13.00	0	3.00
4.00		0.00	0	PHARMACY	15.00	0	4.00
5.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	5.00
6.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	6.00
7.00		0.00	0	OPERATING ROOM	50.00	0	7.00
8.00		0.00	0	RADIOISOTOPE	56.00	0	8.00
9.00		0.00	0	ANESTHESIOLOGY	53.00	0	9.00
10.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0	10.00
11.00		0.00	0	LABORATORY	60.00	0	11.00
12.00		0.00	0	BLOOD LABORATORY	60.01	0	12.00
13.00		0.00	0	RESPIRATORY THERAPY	65.00	0	13.00
14.00		0.00	0	PHYSICAL THERAPY	66.00	0	14.00
15.00		0.00	0	ELECTROCARDIOLOGY	69.00	0	15.00
16.00		0.00	0	CLINIC	90.00	0	16.00
17.00		0.00	0	EMERGENCY	91.00	0	17.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		426,639	Grand Total: Decreases		426,639	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-7 Part I | Date/Time Prepared: 4/30/2014 9:16 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	0	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	0	0	0	0	0	3.00
4.00	Building Improvements	47,572,031	3,576,706	0	3,576,706	0	4.00
5.00	Fixed Equipment	20,950	0	0	0	0	5.00
6.00	Movable Equipment	12,564,585	124,658	0	124,658	0	6.00
7.00	HIT designated Assets	137,218	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	60,294,784	3,701,364	0	3,701,364	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	60,294,784	3,701,364	0	3,701,364	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	0	0	1.00
2.00	Land Improvements	0	0	2.00
3.00	Buildings and Fixtures	0	0	3.00
4.00	Building Improvements	51,148,737	0	4.00
5.00	Fixed Equipment	20,950	0	5.00
6.00	Movable Equipment	12,689,243	0	6.00
7.00	HIT designated Assets	137,218	0	7.00
8.00	Subtotal (sum of lines 1-7)	63,996,148	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	63,996,148	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-7 Part II | Date/Time Prepared: 4/30/2014 9:16 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	1,268,946	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	641,994	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,910,940	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	1,268,946		1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	641,994		2.00
3.00	Total (sum of lines 1-2)	0	1,910,940		3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-7 Part III Date/Time Prepared: 4/30/2014 9:16 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	1,288,039	0	1,288,039	0.674034	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	622,901	0	622,901	0.325966	0	2.00
3.00	Total (sum of lines 1-2)	1,910,940	0	1,910,940	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	1,268,946	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	641,994	37,819	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,910,940	37,819	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	651,762	0	0	0	1,920,708	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	679,813	2.00
3.00	Total (sum of lines 1-2)	651,762	0	0	0	2,600,521	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8 | Date/Time Prepared: 4/30/2014 9:16 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)	B	-97,674	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-9,980,921			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	12,748,059			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests		0		0.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-714	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		0		0.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
30.99	Hospice (non-distinct) (see instructions)		0	ADULTS & PEDIATRICS	30.00		30.99
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8 | Date/Time Prepared: 4/30/2014 9:16 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.00	SENGSTACKE COST FROM STROGER	B	2,570,186	CLINIC	90.00	0	33.00
34.00	MISC INCOME	B	6,889	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00	PHARMACY SERVICE CHARGE	B	-213,535	PHARMACY	15.00	0	35.00
36.00			0		0.00	0	36.00
37.00	COUNTY COST	A	341,983	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	37.00
38.00	COUNTY COST	A	158,897	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	PARKING FEES	B	-74,890	ADMINISTRATIVE & GENERAL	5.00	0	39.00
40.00	EXPENSES ACCRUALS/REVERSALS	A	-561,059	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	40.00
41.00	HOSPITAL MALPRACTICE INSURANCE	A	502,286	ADMINISTRATIVE & GENERAL	5.00	0	41.00
42.00	BOND INTEREST	A	651,762	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	42.00
43.00			0		0.00	0	43.00
44.00	SODEXO COST FROM STROGER	B	929,408	DIETARY	10.00	0	44.00
45.00	SODEXO COST FROM STROGER	B	278,359	HOUSEKEEPING	9.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		7,259,036				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8-1 | Date/Time Prepared: 4/30/2014 9:16 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	5.00	ADMINISTRATIVE & GENERAL	BUREAU OF HEALTH ALLOCATED C	7,827,672	0	1.00
2.00	73.00	DRUGS CHARGED TO PATIENTS	BUREAU OF HEALTH ALLOCATED C	3,933,291	0	2.00
3.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	BUREAU OF HEALTH ALLOCATED C	987,096	0	3.00
4.00	0.00		COOK COUNTY ALLOCATED COST	0	0	4.00
4.10	0.00		COOK COUNTY ALLOCATED COST	0	0	4.10
5.00	0		0	12,748,059	0	5.00

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

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

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

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

6.00	G	COOK COUNTY	100.00	COOK COUNTY	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:	COOK COUNTY				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: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet A-8-1 Date/Time Prepared: 4/30/2014 9:16 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	7,827,672	0		1.00
2.00	3,933,291	0		2.00
3.00	987,096	0		3.00
4.00	0	0		4.00
4.10	0	0		4.10
5.00	12,748,059			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	GOVERNMENT		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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet A-8-2 | Date/Time Prepared: 4/30/2014 9:16 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	637,502	637,501	0	0	1,160	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,949,494	2,065,821	883,673	177,200	6,432	2.00
3.00	50.00	OPERATING ROOM	1,259,251	938,519	320,732	208,000	2,144	3.00
4.00	53.00	ANESTHESIOLOGY	1,629,513	1,018,084	611,429	200,300	3,872	4.00
5.00	60.00	LABORATORY	192,188	192,188	0	215,700	0	5.00
6.00	69.00	ELECTROCARDIOLOGY	786,893	524,595	262,298	177,200	2,144	6.00
7.00	91.00	EMERGENCY	4,133,958	3,493,690	640,268	177,200	4,288	7.00
8.00	30.00	ADULTS & PEDIATRICS	167,583	167,583	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	6,000	6,000	0	0	0	9.00
10.00	91.00	EMERGENCY	5,743	5,743	0	0	0	10.00
200.00			11,768,125	9,049,724	2,718,400		20,040	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	26,310	1.00
2.00	30.00	ADULTS & PEDIATRICS	547,957	27,398	0	0	109,868	2.00
3.00	50.00	OPERATING ROOM	214,400	10,720	0	0	49,914	3.00
4.00	53.00	ANESTHESIOLOGY	372,866	18,643	0	0	54,145	4.00
5.00	60.00	LABORATORY	0	0	0	0	10,221	5.00
6.00	69.00	ELECTROCARDIOLOGY	182,652	9,133	0	0	27,900	6.00
7.00	91.00	EMERGENCY	365,305	18,265	0	0	185,806	7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	8,913	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	319	9.00
10.00	91.00	EMERGENCY	0	0	0	0	305	10.00
200.00			1,683,180	84,159	0	0	473,701	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	637,502		1.00
2.00	30.00	ADULTS & PEDIATRICS	32,917	580,874	302,799	2,368,620		2.00
3.00	50.00	OPERATING ROOM	12,713	227,113	93,619	1,032,138		3.00
4.00	53.00	ANESTHESIOLOGY	20,316	393,182	218,247	1,236,331		4.00
5.00	60.00	LABORATORY	0	0	0	192,188		5.00
6.00	69.00	ELECTROCARDIOLOGY	9,300	191,952	70,346	594,941		6.00
7.00	91.00	EMERGENCY	28,778	394,083	246,185	3,739,875		7.00
8.00	30.00	ADULTS & PEDIATRICS	0	0	0	167,583		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	6,000		9.00
10.00	91.00	EMERGENCY	0	0	0	5,743		10.00
200.00			104,024	1,787,204	931,196	9,980,921		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			0	1.00	2.00	4.00	4A	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1,920,708	1,920,708				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	679,813		679,813			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	10,664,325	20,406	0	10,684,731		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,129,052	542,600	141,165	970,636	16,783,453	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,957,841	6,724	15,931	305,453	2,285,949	6.00
7.00	00700	OPERATION OF PLANT	1,069,002	299,588	65,993	248,724	1,683,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	172,667	0	0	0	172,667	8.00
9.00	00900	HOUSEKEEPING	1,540,552	5,820	7,310	349,217	1,902,899	9.00
10.00	01000	DIETARY	929,856	64,664	0	0	994,520	10.00
11.00	01100	CAFETERIA	1,185,954	29,032	0	0	1,214,986	11.00
13.00	01300	NURSING ADMINISTRATION	1,195,770	13,802	38,723	278,826	1,527,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,839,071	9,359	4,924	0	2,853,354	14.00
15.00	01500	PHARMACY	-213,529	12,518	2,074	0	-198,937	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	470,475	44,538	0	123,268	638,281	16.00
17.00	01700	SOCIAL SERVICE	546,655	6,303	0	98,254	651,212	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	426,639	0	0	0	426,639	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	860,483	0	0	0	860,483	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,897,968	143,628	80,961	2,318,479	7,441,036	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	24,985	55	25,040	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,699,893	120,499	70,502	825,673	2,716,567	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	-302,199	34,260	0	282,681	14,742	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,957,554	127,509	174,132	674,296	3,933,491	54.00
56.00	05600	RADIOISOTOPE	77,077	6,220	0	23,364	106,661	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,454,296	102,036	7,982	474,420	2,038,734	60.00
60.01	06001	BLOOD LABORATORY	241,374	0	0	73,166	314,540	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,084	630	0	4,714	62.00
65.00	06500	RESPIRATORY THERAPY	707,749	24,387	15,904	214,534	962,574	65.00
66.00	06600	PHYSICAL THERAPY	586,467	5,196	4,167	60,651	656,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,089	0	0	11,089	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,331	0	0	3,331	68.00
69.00	06900	ELECTROCARDIOLOGY	313,034	9,213	21,024	263,676	606,947	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,427,821	0	0	0	4,427,821	73.00
74.00	07400	RENAL DIALYSIS	-162	0	0	0	-162	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,570,625	157,970	2,183	760,257	3,491,035	90.00
91.00	09100	EMERGENCY	3,978,747	115,932	1,223	2,339,101	6,435,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	64,985,578	1,920,708	679,813	10,684,731	64,985,578	118.00
		NONREIMBURSABLE COST CENTERS						
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)	64,985,578	1,920,708	679,813	10,684,731	64,985,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL	16,783,453					5.00
6.00	00600	MAINTENANCE & REPAIRS	792,669	3,078,618				6.00
7.00	00700	OPERATION OF PLANT	583,698	682,704	2,949,709			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,873	0	0	232,540		8.00
9.00	00900	HOUSEKEEPING	659,844	13,263	16,328	10,813	2,603,147	9.00
10.00	01000	DIETARY	344,857	147,356	181,416	0	0	10.00
11.00	01100	CAFETERIA	421,305	66,159	81,451	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	529,540	31,451	38,721	0	429,277	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	989,420	21,327	26,256	0	30,631	14.00
15.00	01500	PHARMACY	0	28,526	35,120	195	21,193	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	221,328	101,494	124,953	0	0	16.00
17.00	01700	SOCIAL SERVICE	225,812	14,364	17,684	0	15,012	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	147,940	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	298,379	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,580,222	327,301	402,953	116,599	586,075	30.00
31.00	03100	INTENSIVE CARE UNIT	8,683	0	0	27,132	460,294	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	941,989	274,594	338,064	21,661	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	5,112	78,071	96,117	53	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,363,966	290,568	357,730	247	100,062	54.00
56.00	05600	RADIOISOTOPE	36,985	14,174	17,451	0	6,016	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	706,945	232,521	286,266	284	26,657	60.00
60.01	06001	BLOOD LABORATORY	109,069	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,635	9,307	11,459	29	13,301	62.00
65.00	06500	RESPIRATORY THERAPY	333,779	55,572	68,418	127	2,208	65.00
66.00	06600	PHYSICAL THERAPY	227,639	11,842	14,579	8	8,996	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,845	25,270	31,111	0	2,208	67.00
68.00	06800	SPEECH PATHOLOGY	1,155	7,590	9,345	8	2,208	68.00
69.00	06900	ELECTROCARDIOLOGY	210,463	20,995	25,848	45	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,535,378	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	1,210,541	359,984	443,190	30	0	90.00
91.00	09100	EMERGENCY	2,231,382	264,185	325,249	55,309	899,009	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	16,783,453	3,078,618	2,949,709	232,540	2,603,147	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	16,783,453	3,078,618	2,949,709	232,540	2,603,147	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,668,149					10.00
11.00	01100	CAFETERIA	0	1,783,901				11.00
13.00	01300	NURSING ADMINISTRATION	0	67,700	2,623,810			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,920,988		14.00
15.00	01500	PHARMACY	0	0	0	20,432	-93,471	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	81,152	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	25,387	34,050	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,346,308	746,572	1,030,590	34,961	0	30.00
31.00	03100	INTENSIVE CARE UNIT	32,665	139,391	1,048	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	149,929	241,381	858,533	0	50.00
51.00	05100	RECOVERY ROOM	0	0	217,623	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	54,141	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	112,846	34,431	507,557	0	54.00
56.00	05600	RADIOISOTOPE	0	3,453	0	673,777	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	111,808	0	1,155,054	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	288,335	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14,949	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	66,362	0	201,979	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,165	0	1,169	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	15,129	0	2,607	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		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	1,013	0	90.00
91.00	09100	EMERGENCY	289,176	242,058	1,064,687	121,430	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	1,668,149	1,783,901	2,623,810	3,920,988	0	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	-93,471	201.00
202.00		TOTAL (sum lines 118-201)	1,668,149	1,783,901	2,623,810	3,920,988	-93,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	
			16.00	17.00	21.00	22.00	24.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	1,167,208					16.00
17.00	01700	SOCIAL SERVICE	95	983,616				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	574,579			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,158,862		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	61,220	454,815	261,872	528,169	15,918,693	30.00
31.00	03100	INTENSIVE CARE UNIT	426	0	0	0	694,679	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,772	0	25,650	51,733	5,625,873	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	217,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3,214	6,481	257,931	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	142	0	0	0	6,701,040	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	858,517	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	426	0	0	0	4,558,695	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	711,944	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	55,394	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	1,691,019	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	927,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	73,523	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	23,637	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	882,034	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	5,963,199	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	-162	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	661,596	528,801	38,738	78,130	6,813,058	90.00
91.00	09100	EMERGENCY	437,531	0	245,105	494,349	13,104,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	1,167,208	983,616	574,579	1,158,862	65,079,049	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	-93,471	201.00
202.00		TOTAL (sum lines 118-201)	1,167,208	983,616	574,579	1,158,862	64,985,578	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part I Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-790,041	15,128,652		30.00
31.00	03100	INTENSIVE CARE UNIT	0	694,679		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-77,383	5,548,490		50.00
51.00	05100	RECOVERY ROOM	0	217,623		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	-9,695	248,236		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,701,040		54.00
56.00	05600	RADIOISOTOPE	0	858,517		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	4,558,695		60.00
60.01	06001	BLOOD LABORATORY	0	711,944		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	55,394		62.00
65.00	06500	RESPIRATORY THERAPY	0	1,691,019		65.00
66.00	06600	PHYSICAL THERAPY	0	927,879		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	73,523		67.00
68.00	06800	SPEECH PATHOLOGY	0	23,637		68.00
69.00	06900	ELECTROCARDIOLOGY	0	882,034		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,963,199		73.00
74.00	07400	RENAL DIALYSIS	0	-162		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	-116,868	6,696,190		90.00
91.00	09100	EMERGENCY	-739,454	12,365,019		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
		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)	-1,733,441	63,345,608		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		Cross Foot Adjustments	0	0		200.00
201.00		Negative Cost Centers	0	-93,471		201.00
202.00		TOTAL (sum lines 118-201)	-1,733,441	63,252,137		202.00

COST ALLOCATION STATISTICS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet Non-CMS W | Date/Time Prepared: 4/30/2014 9:16 am

	Cost Center Description	Statistics Code	Statistics Description	
		1.00	2.00	
	GENERAL SERVICE COST CENTERS			
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	3	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-4	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	5	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	5	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF SERVICE	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	MEALS SERVED	11.00
13.00	NURSING ADMINISTRATION	10	DIRECT NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	11	COSTED REQUIS.	14.00
15.00	PHARMACY	11	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	12	TIME SPENT	16.00
17.00	SOCIAL SERVICE	13	TIME SPENT	17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	14	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	14	ASSIGNED TIME	22.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS NEW BLDG & FIXT	CAPITAL RELATED COSTS NEW MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
			0	1.00	2.00	2A	4.00	
		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	20,406	0	20,406	20,406	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	542,600	141,165	683,765	1,854	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	6,724	15,931	22,655	583	6.00
7.00	00700	OPERATION OF PLANT	0	299,588	65,993	365,581	475	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	0	5,820	7,310	13,130	667	9.00
10.00	01000	DIETARY	0	64,664	0	64,664	0	10.00
11.00	01100	CAFETERIA	0	29,032	0	29,032	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	13,802	38,723	52,525	533	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	9,359	4,924	14,283	0	14.00
15.00	01500	PHARMACY	0	12,518	2,074	14,592	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	44,538	0	44,538	235	16.00
17.00	01700	SOCIAL SERVICE	0	6,303	0	6,303	188	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	143,628	80,961	224,589	4,429	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	24,985	24,985	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	120,499	70,502	191,001	1,577	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	34,260	0	34,260	540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	127,509	174,132	301,641	1,288	54.00
56.00	05600	RADIOISOTOPE	0	6,220	0	6,220	45	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	102,036	7,982	110,018	906	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	140	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,084	630	4,714	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	24,387	15,904	40,291	410	65.00
66.00	06600	PHYSICAL THERAPY	0	5,196	4,167	9,363	116	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	11,089	0	11,089	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,331	0	3,331	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	9,213	21,024	30,237	504	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		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	157,970	2,183	160,153	1,452	90.00
91.00	09100	EMERGENCY	0	115,932	1,223	117,155	4,464	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	0	1,920,708	679,813	2,600,521	20,406	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	1,920,708	679,813	2,600,521	20,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.00	6.00	7.00	8.00	9.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL	685,619					5.00
6.00	00600	MAINTENANCE & REPAIRS	32,380	55,618				6.00
7.00	00700	OPERATION OF PLANT	23,844	12,335	402,235			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,446	0	0	2,446		8.00
9.00	00900	HOUSEKEEPING	26,955	240	2,227	114	43,333	9.00
10.00	01000	DIETARY	14,087	2,662	24,739	0	0	10.00
11.00	01100	CAFETERIA	17,210	1,195	11,107	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	21,632	568	5,280	0	7,146	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	40,418	385	3,580	0	510	14.00
15.00	01500	PHARMACY	0	515	4,789	2	353	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,041	1,834	17,039	0	0	16.00
17.00	01700	SOCIAL SERVICE	9,224	259	2,411	0	250	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	6,043	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	12,189	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	105,418	5,913	54,948	1,227	9,756	30.00
31.00	03100	INTENSIVE CARE UNIT	355	0	0	285	7,662	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	38,480	4,961	46,100	228	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	209	1,410	13,107	1	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	55,718	5,249	48,782	3	1,666	54.00
56.00	05600	RADIOISOTOPE	1,511	256	2,380	0	100	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	28,879	4,201	39,036	3	444	60.00
60.01	06001	BLOOD LABORATORY	4,455	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	67	168	1,563	0	221	62.00
65.00	06500	RESPIRATORY THERAPY	13,635	1,004	9,330	1	37	65.00
66.00	06600	PHYSICAL THERAPY	9,299	214	1,988	0	150	66.00
67.00	06700	OCCUPATIONAL THERAPY	157	457	4,242	0	37	67.00
68.00	06800	SPEECH PATHOLOGY	47	137	1,274	0	37	68.00
69.00	06900	ELECTROCARDIOLOGY	8,597	379	3,525	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,720	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	49,451	6,503	60,436	0	0	90.00
91.00	09100	EMERGENCY	91,152	4,773	44,352	582	14,964	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	685,619	55,618	402,235	2,446	43,333	118.00
		NONREIMBURSABLE COST CENTERS						
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)	685,619	55,618	402,235	2,446	43,333	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	106,152					10.00
11.00	01100	CAFETERIA	0	58,544				11.00
13.00	01300	NURSING ADMINISTRATION	0	2,222	89,906			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	59,176		14.00
15.00	01500	PHARMACY	0	0	0	308	20,559	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,663	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	833	1,167	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	85,671	24,502	35,314	528	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,079	4,575	36	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	4,920	8,271	12,957	0	50.00
51.00	05100	RECOVERY ROOM	0	0	7,457	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	817	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,703	1,180	7,660	0	54.00
56.00	05600	RADIOISOTOPE	0	113	0	10,169	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	3,669	0	17,432	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	4,352	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	491	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	2,178	0	3,048	0	65.00
66.00	06600	PHYSICAL THERAPY	0	235	0	18	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	496	0	39	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		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	15	0	90.00
91.00	09100	EMERGENCY	18,402	7,944	36,481	1,833	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	106,152	58,544	89,906	59,176	0	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	20,559	201.00
202.00		TOTAL (sum lines 118-201)	106,152	58,544	89,906	59,176	20,559	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS	Subtotal	
			16.00	17.00	21.00	22.00	24.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	75,350					16.00
17.00	01700	SOCIAL SERVICE	6	20,641				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	6,043			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		12,189		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	3,952	9,544			565,791	30.00
31.00	03100	INTENSIVE CARE UNIT	27	0			40,004	31.00
41.00	04100	SUBPROVIDER - IRF	0	0			0	41.00
42.00	04200	SUBPROVIDER	0	0			0	42.00
43.00	04300	NURSERY	0	0			0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	373	0			308,868	50.00
51.00	05100	RECOVERY ROOM	0	0			7,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0			0	52.00
53.00	05300	ANESTHESIOLOGY	0	0			50,344	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9	0			426,899	54.00
56.00	05600	RADIOISOTOPE	0	0			20,794	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	27	0			204,615	60.00
60.01	06001	BLOOD LABORATORY	0	0			8,947	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0			7,224	62.00
65.00	06500	RESPIRATORY THERAPY	0	0			69,934	65.00
66.00	06600	PHYSICAL THERAPY	0	0			21,383	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0			15,982	67.00
68.00	06800	SPEECH PATHOLOGY	0	0			4,826	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0			43,777	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0			0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			62,720	73.00
74.00	07400	RENAL DIALYSIS	0	0			0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0			0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			0	89.00
90.00	09000	CLINIC	42,711	11,097			331,818	90.00
91.00	09100	EMERGENCY	28,245	0			370,347	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0			0	99.10
		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
118.00		SUBTOTALS (SUM OF LINES 1-117)	75,350	20,641	0	0	2,561,730	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments			6,043	12,189	18,232	200.00
201.00		Negative Cost Centers	0	0	0	0	20,559	201.00
202.00		TOTAL (sum lines 118-201)	75,350	20,641	6,043	12,189	2,600,521	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B Part II | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total		
			25.00	26.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
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
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	565,791		30.00
31.00	03100	INTENSIVE CARE UNIT	0	40,004		31.00
41.00	04100	SUBPROVIDER - IRF	0	0		41.00
42.00	04200	SUBPROVIDER	0	0		42.00
43.00	04300	NURSERY	0	0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	308,868		50.00
51.00	05100	RECOVERY ROOM	0	7,457		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	50,344		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	426,899		54.00
56.00	05600	RADIOISOTOPE	0	20,794		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	204,615		60.00
60.01	06001	BLOOD LABORATORY	0	8,947		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	7,224		62.00
65.00	06500	RESPIRATORY THERAPY	0	69,934		65.00
66.00	06600	PHYSICAL THERAPY	0	21,383		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	15,982		67.00
68.00	06800	SPEECH PATHOLOGY	0	4,826		68.00
69.00	06900	ELECTROCARDIOLOGY	0	43,777		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	62,720		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00	09000	CLINIC	0	331,818		90.00
91.00	09100	EMERGENCY	0	370,347		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0			92.00
		OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0		99.10
		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	2,561,730		118.00
		NONREIMBURSABLE COST CENTERS				
200.00		Cross Foot Adjustments	0	18,232		200.00
201.00		Negative Cost Centers	0	20,559		201.00
202.00		TOTAL (sum lines 118-201)	0	2,600,521		202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	CAPITAL RELATED COSTS					
			NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
			1.00	2.00	4.00	5A	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	369,623					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2,372,216				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	3,927	0	35,249,046			4.00
5.00	00500	ADMINISTRATIVE & GENERAL	104,418	492,596	3,202,140	-16,783,453	48,401,224	5.00
6.00	00600	MAINTENANCE & REPAIRS	1,294	55,593	1,007,694	0	2,285,949	6.00
7.00	00700	OPERATION OF PLANT	57,653	230,285	820,545	0	1,683,307	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	172,667	8.00
9.00	00900	HOUSEKEEPING	1,120	25,509	1,152,070	0	1,902,899	9.00
10.00	01000	DIETARY	12,444	0	0	0	994,520	10.00
11.00	01100	CAFETERIA	5,587	0	0	0	1,214,986	11.00
13.00	01300	NURSING ADMINISTRATION	2,656	135,126	919,850	0	1,527,121	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,801	17,182	0	0	2,853,354	14.00
15.00	01500	PHARMACY	2,409	7,238	0	198,937	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,571	0	406,664	0	638,281	16.00
17.00	01700	SOCIAL SERVICE	1,213	0	324,141	0	651,212	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	426,639	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	860,483	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,640	282,513	7,648,690	0	7,441,036	30.00
31.00	03100	INTENSIVE CARE UNIT	0	87,187	182	0	25,040	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,189	246,016	2,723,905	0	2,716,567	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,593	0	932,567	0	14,742	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,538	607,634	2,224,510	0	3,933,491	54.00
56.00	05600	RADIOISOTOPE	1,197	0	77,077	0	106,661	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,636	27,855	1,565,116	0	2,038,734	60.00
60.01	06001	BLOOD LABORATORY	0	0	241,374	0	314,540	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	786	2,198	0	0	4,714	62.00
65.00	06500	RESPIRATORY THERAPY	4,693	55,496	707,749	0	962,574	65.00
66.00	06600	PHYSICAL THERAPY	1,000	14,542	200,089	0	656,481	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,134	0	0	0	11,089	67.00
68.00	06800	SPEECH PATHOLOGY	641	0	0	0	3,331	68.00
69.00	06900	ELECTROCARDIOLOGY	1,773	73,363	869,872	0	606,947	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,427,821	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	162	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	30,400	7,617	2,508,096	0	3,491,035	90.00
91.00	09100	EMERGENCY	22,310	4,266	7,716,715	0	6,435,003	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	369,623	2,372,216	35,249,046	-16,584,354	48,401,224	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,920,708	679,813	10,684,731		16,783,453	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	5.196397	0.286573	0.303121		0.346757	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			20,406		685,619	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000579		0.014165	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			6.00	7.00	8.00	9.00	10.00	
		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
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS	259,984					6.00
7.00	00700	OPERATION OF PLANT	57,653	202,331				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	486,312			8.00
9.00	00900	HOUSEKEEPING	1,120	1,120	22,614	47,166		9.00
10.00	01000	DIETARY	12,444	12,444	0	0	21,142	10.00
11.00	01100	CAFETERIA	5,587	5,587	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,656	2,656	0	7,778	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,801	1,801	0	555	0	14.00
15.00	01500	PHARMACY	2,409	2,409	407	384	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,571	8,571	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	1,213	1,213	0	272	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	27,640	27,640	243,847	10,619	17,063	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	56,741	8,340	414	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	23,189	23,189	45,300	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	6,593	6,593	110	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,538	24,538	516	1,813	0	54.00
56.00	05600	RADIOISOTOPE	1,197	1,197	0	109	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,636	19,636	594	483	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	786	786	61	241	0	62.00
65.00	06500	RESPIRATORY THERAPY	4,693	4,693	266	40	0	65.00
66.00	06600	PHYSICAL THERAPY	1,000	1,000	16	163	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,134	2,134	0	40	0	67.00
68.00	06800	SPEECH PATHOLOGY	641	641	16	40	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,773	1,773	94	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		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	30,400	30,400	62	0	0	90.00
91.00	09100	EMERGENCY	22,310	22,310	115,668	16,289	3,665	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	259,984	202,331	486,312	47,166	21,142	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,078,618	2,949,709	232,540	2,603,147	1,668,149	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.841567	14.578631	0.478170	55.191176	78.902138	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	55,618	402,235	2,446	43,333	106,152	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.213929	1.988005	0.005030	0.918734	5.020906	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	89,380					11.00
13.00	01300	NURSING ADMINISTRATION	3,392	165,213				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,327,997			14.00
15.00	01500	PHARMACY	0	0	6,920	1,321,077		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,066	0	0	0	24,671	16.00
17.00	01700	SOCIAL SERVICE	1,272	2,144	0	0	2	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	37,406	64,893	11,841	11,841	1,294	30.00
31.00	03100	INTENSIVE CARE UNIT	6,984	66	0	0	9	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	7,512	15,199	290,776	290,776	122	50.00
51.00	05100	RECOVERY ROOM	0	13,703	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	18,337	18,337	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,654	2,168	171,904	171,904	3	54.00
56.00	05600	RADIOISOTOPE	173	0	228,201	228,201	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	5,602	0	391,205	391,205	9	60.00
60.01	06001	BLOOD LABORATORY	0	0	97,656	97,656	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	749	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	3,325	0	68,408	68,408	0	65.00
66.00	06600	PHYSICAL THERAPY	359	0	396	396	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	758	0	883	883	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		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	343	343	13,984	90.00
91.00	09100	EMERGENCY	12,128	67,040	41,127	41,127	9,248	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	0	0	99.10
		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)	89,380	165,213	1,327,997	1,321,077	24,671	118.00
		NONREIMBURSABLE COST CENTERS						
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,783,901	2,623,810	3,920,988	-93,471	1,167,208	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	19.958615	15.881377	2.952558	0.000000	47.310932	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	58,544	89,906	59,176	20,559	75,350	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.655001	0.544182	0.044560	0.015562	3.054193	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet B-1 | Date/Time Prepared: 4/30/2014 9:16 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			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
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	7,671				17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	9,834			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		9,834		22.00
		INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	3,547	4,482	4,482		30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	0	0		43.00
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	439	439		50.00
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	55	55		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
		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	4,124	663	663		90.00
91.00	09100	EMERGENCY	0	4,195	4,195		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
		OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0		99.10
		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
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,671	9,834	9,834		118.00
		NONREIMBURSABLE COST CENTERS					
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)	983,616	574,579	1,158,862		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	128.225264	58.427802	117.842384		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,641	6,043	12,189		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.690783	0.614501	1.239475		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 4/30/2014 9:16 am

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		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs Total Costs	Costs RCE Disallowance	Costs Total Costs	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	15,128,652		15,128,652	302,799	15,431,451	30.00
31.00	03100	INTENSIVE CARE UNIT	694,679		694,679	0	694,679	31.00
41.00	04100	SUBPROVIDER - IRF	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	5,548,490		5,548,490	93,619	5,642,109	50.00
51.00	05100	RECOVERY ROOM	217,623		217,623	0	217,623	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	248,236		248,236	218,247	466,483	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,701,040		6,701,040	0	6,701,040	54.00
56.00	05600	RADIOISOTOPE	858,517		858,517	0	858,517	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	4,558,695		4,558,695	0	4,558,695	60.00
60.01	06001	BLOOD LABORATORY	711,944		711,944	0	711,944	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	55,394		55,394	0	55,394	62.00
65.00	06500	RESPIRATORY THERAPY	1,691,019	0	1,691,019	0	1,691,019	65.00
66.00	06600	PHYSICAL THERAPY	927,879	0	927,879	0	927,879	66.00
67.00	06700	OCCUPATIONAL THERAPY	73,523	0	73,523	0	73,523	67.00
68.00	06800	SPEECH PATHOLOGY	23,637	0	23,637	0	23,637	68.00
69.00	06900	ELECTROCARDIOLOGY	882,034		882,034	70,346	952,380	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,963,199		5,963,199	0	5,963,199	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000	CLINIC	6,696,190		6,696,190	0	6,696,190	90.00
91.00	09100	EMERGENCY	12,365,019		12,365,019	246,185	12,611,204	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,532,911		1,532,911		1,532,911	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0		0		0	99.10
		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)	64,878,681	0	64,878,681	931,196	65,809,877	200.00
201.00		Less Observation Beds	1,532,911		1,532,911		1,532,911	201.00
202.00		Total (see instructions)	63,345,770	0	63,345,770	931,196	64,276,966	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 4/30/2014 9:16 am

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		Cost Center Description	Charges Inpatient	Charges Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	
			6.00	7.00	8.00	9.00	10.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	10,846,978		10,846,978			30.00
31.00	03100	INTENSIVE CARE UNIT	0		0			31.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	0		0			43.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	2,214,675	10,512,820	12,727,495	0.435945	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	757,346	2,447,735	3,205,081	0.077451	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	270,593	5,295,473	5,566,066	1.203910	0.000000	54.00
56.00	05600	RADIOISOTOPE	617,527	623,850	1,241,377	0.691584	0.000000	56.00
57.00	05700	CT SCAN	673,552	4,847,252	5,520,804	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,111	6,082	7,193	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	538,891	1,037,430	1,576,321	0.000000	0.000000	59.00
60.00	06000	LABORATORY	1,614,865	8,043,349	9,658,214	0.472002	0.000000	60.00
60.01	06001	BLOOD LABORATORY	1,396	1,396	2,792	254.994269	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	55,703	108,969	164,672	0.336390	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	10,866	0	10,866	155.624793	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	17,566	1,239,348	1,256,914	0.738220	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,526	387,237	388,763	0.189120	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,377	1,377	17.165577	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	99,638	398,322	497,960	1.771295	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	62,742	935,701	998,443	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,909,255	2,590,133	5,499,388	1.084339	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0.000000	0.000000	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00	09000	CLINIC	65,570	15,694,326	15,759,896	0.424888	0.000000	90.00
91.00	09100	EMERGENCY	1,038,920	13,493,422	14,532,342	0.850862	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	14,841	517,797	532,638	2.877960	0.000000	92.00
		OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0			99.10
		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)	21,813,561	68,182,019	89,995,580			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	21,813,561	68,182,019	89,995,580			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet C Part I Date/Time Prepared: 4/30/2014 9:16 am

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		Cost Center Description	PPS Inpatient Ratio		
			11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
41.00	04100	SUBPROVIDER - IRF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	0.443301		50.00
51.00	05100	RECOVERY ROOM	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0.145545		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.203910		54.00
56.00	05600	RADIOISOTOPE	0.691584		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	0.472002		60.00
60.01	06001	BLOOD LABORATORY	254.994269		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.336390		62.00
65.00	06500	RESPIRATORY THERAPY	155.624793		65.00
66.00	06600	PHYSICAL THERAPY	0.738220		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.189120		67.00
68.00	06800	SPEECH PATHOLOGY	17.165577		68.00
69.00	06900	ELECTROCARDIOLOGY	1.912563		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1.084339		73.00
74.00	07400	RENAL DIALYSIS	0.000000		74.00
		OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000	CLINIC	0.424888		90.00
91.00	09100	EMERGENCY	0.867803		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.877960		92.00
		OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF			99.10
		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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part I Date/Time Prepared: 4/30/2014 9:16 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	565,791	0	565,791	6,332	89.35	30.00
31.00	INTENSIVE CARE UNIT	40,004		40,004	0	0.00	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
200.00	Total (lines 30-199)	605,795		605,795	6,332		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	738	65,940	30.00
31.00	INTENSIVE CARE UNIT	0	0	31.00
41.00	SUBPROVIDER - IRF	0	0	41.00
42.00	SUBPROVIDER	0	0	42.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	738	65,940	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part II Date/Time Prepared: 4/30/2014 9:16 am

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		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	308,868	12,727,495	0.024268	84,824	2,059	50.00
51.00	05100	RECOVERY ROOM	7,457	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	50,344	3,205,081	0.015708	24,304	382	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	426,899	5,566,066	0.076697	106,010	8,131	54.00
56.00	05600	RADIOISOTOPE	20,794	1,241,377	0.016751	59,919	1,004	56.00
57.00	05700	CT SCAN	0	5,520,804	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,193	0.000000	1,065	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,576,321	0.000000	0	0	59.00
60.00	06000	LABORATORY	204,615	9,658,214	0.021186	199,813	4,233	60.00
60.01	06001	BLOOD LABORATORY	8,947	2,792	3.204513	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	7,224	164,672	0.043869	1,712	75	62.00
65.00	06500	RESPIRATORY THERAPY	69,934	10,866	6.436039	10,866	69,934	65.00
66.00	06600	PHYSICAL THERAPY	21,383	1,256,914	0.017012	2,104	36	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,982	388,763	0.041110	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,826	1,377	3.504720	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	43,777	497,960	0.087913	57,185	5,027	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	998,443	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	62,720	5,499,388	0.011405	358,953	4,094	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	331,818	15,759,896	0.021055	2,369	50	90.00
91.00	09100	EMERGENCY	370,347	14,532,342	0.025484	110,592	2,818	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	56,204	532,638	0.105520	0	0	92.00
200.00		Total (lines 50-199)	2,012,139	79,148,602		1,019,716	97,843	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part III Date/Time Prepared: 4/30/2014 9:16 am

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		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0		0	43.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	
			6.00	7.00	8.00	9.00	11.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	6,332	0.00	738	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0.00	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	0	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	6,332		738	0	0	200.00

		Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost	
			12.00	13.00	
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	0	43.00
200.00		Total (lines 30-199)	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV Date/Time Prepared: 4/30/2014 9:16 am

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		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		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
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	12,727,495	0.000000	0.000000	84,824	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,205,081	0.000000	0.000000	24,304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,566,066	0.000000	0.000000	106,010	54.00
56.00	05600	RADIOISOTOPE	0	1,241,377	0.000000	0.000000	59,919	56.00
57.00	05700	CT SCAN	0	5,520,804	0.000000	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,193	0.000000	0.000000	1,065	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,576,321	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	9,658,214	0.000000	0.000000	199,813	60.00
60.01	06001	BLOOD LABORATORY	0	2,792	0.000000	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	164,672	0.000000	0.000000	1,712	62.00
65.00	06500	RESPIRATORY THERAPY	0	10,866	0.000000	0.000000	10,866	65.00
66.00	06600	PHYSICAL THERAPY	0	1,256,914	0.000000	0.000000	2,104	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	388,763	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,377	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	497,960	0.000000	0.000000	57,185	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	998,443	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,499,388	0.000000	0.000000	358,953	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	15,759,896	0.000000	0.000000	2,369	90.00
91.00	09100	EMERGENCY	0	14,532,342	0.000000	0.000000	110,592	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	532,638	0.000000	0.000000	0	92.00
200.00		Total (lines 50-199)	0	79,148,602			1,019,716	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1	
			11.00	12.00	12.01	13.00	13.01	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	74,985	672,159	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	55,661	583,329	0	0	54.00
56.00	05600	RADIOISOTOPE	0	640	6,770	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	2,215	23,560	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,712	11,489	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	18,667	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	6,893	103,111	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,521	23,047	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,655	123,560	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	57,033	616,827	0	0	90.00
91.00	09100	EMERGENCY	0	56,478	659,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	266,793	2,842,058	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part IV Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

		Cost Center Description	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
			21.00	22.00	23.00	24.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0		54.00
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
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
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
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0		90.00
91.00	09100	EMERGENCY	0	0	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00		Total (lines 50-199)	0	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part V Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.) before 1/1	Charges: PPS Reimbursed Services (see inst.) on/after 1/1	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
			1.00	2.00	2.01	3.00	4.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.435945	74,985	672,159	0	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.077451	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.203910	55,661	583,329	0	0	54.00
56.00	05600	RADIOISOTOPE	0.691584	640	6,770	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.472002	2,215	23,560	0	0	60.00
60.01	06001	BLOOD LABORATORY	254.994269	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.336390	1,712	11,489	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	155.624793	0	18,667	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.738220	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.189120	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17.165577	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1.771295	6,893	103,111	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	3,521	23,047	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1.084339	7,655	123,560	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000	CLINIC	0.424888	57,033	616,827	0	0	90.00
91.00	09100	EMERGENCY	0.850862	56,478	659,539	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.877960	0	0	0	0	92.00
200.00		Subtotal (see instructions)		266,793	2,842,058	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)		266,793	2,842,058	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D Part V Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

		Cost Center Description	Costs: PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			5.00	5.01	6.00	7.00		
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	32,689	293,024	0	0		50.00
51.00	05100	RECOVERY ROOM	0	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,011	702,276	0	0		54.00
56.00	05600	RADIOISOTOPE	443	4,682	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	1,045	11,120	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	576	3,865	0	0		62.00
65.00	06500	RESPIRATORY THERAPY	0	2,905,048	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	12,210	182,640	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,301	133,981	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
		OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
90.00	09000	CLINIC	24,233	262,082	0	0		90.00
91.00	09100	EMERGENCY	48,055	561,177	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
200.00		Subtotal (see instructions)	194,563	5,059,895	0	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00		Net Charges (line 200 +/- line 201)	194,563	5,059,895	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-1 | Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,332	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,332	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.	2,481	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	3,222	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)	738	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)	15,431,451	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)	15,431,451	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)	1,218,008	28.00
29.00	Private room charges (excluding swing-bed charges)	435,843	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	782,165	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	12.669417	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	175.67	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	242.76	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)	15,431,451	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)	2,437.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,798,550	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,798,550	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-1 | Date/Time Prepared: 4/30/2014 9:16 am

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	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	694,679	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description		
		1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,593,241	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,391,791	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)	65,940	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	97,843	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	163,783	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,228,008	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)	629	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	2,437.06	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,532,911	89.00

COMPUTATION OF INPATIENT OPERATING COST

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	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	565,791	15,431,451	0.036665	1,532,911	56,204	90.00
91.00	Nursing School cost	0	15,431,451	0.000000	1,532,911	0	91.00
92.00	Allied health cost	0	15,431,451	0.000000	1,532,911	0	92.00
93.00	All other Medical Education	0	15,431,451	0.000000	1,532,911	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet D-3 | Date/Time Prepared: 4/30/2014 9:16 am

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		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		1,276,319		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
42.00	04200	SUBPROVIDER		0		42.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.443301	84,824	37,603	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.145545	24,304	3,537	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1.203910	106,010	127,626	54.00
56.00	05600	RADIOISOTOPE	0.691584	59,919	41,439	56.00
57.00	05700	CT SCAN	0.000000	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	1,065	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000	LABORATORY	0.472002	199,813	94,312	60.00
60.01	06001	BLOOD LABORATORY	254.994269	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.336390	1,712	576	62.00
65.00	06500	RESPIRATORY THERAPY	155.624793	10,866	1,691,019	65.00
66.00	06600	PHYSICAL THERAPY	0.738220	2,104	1,553	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.189120	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	17.165577	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1.912563	57,185	109,370	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1.084339	358,953	389,227	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	74.00
		OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.424888	2,369	1,007	90.00
91.00	09100	EMERGENCY	0.867803	110,592	95,972	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2.877960	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,019,716	2,593,241	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)		1,019,716		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part A Date/Time Prepared: 4/30/2014 9:16 am

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			before 1/1	on/after 1/1		
		0	1.00	1.01	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)		623,846			1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		95,063			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)		0			2.00
2.01	Outlier reconciliation amount		0			2.01
2.02	Outlier payment for discharges for Model 4 BPCI (see instructions)		0			2.02
3.00	Managed Care Simulated Payments		0			3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		111.28			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)		11.59			5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00			6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00			7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00			7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00			8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00			8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00			8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)		11.59			9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		9.42			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)		9.42			12.00
13.00	Total allowable FTE count for the prior year.		8.77			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.		8.28			14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.82			15.00
16.00	Adjustment for residents in initial years of the program		0.00			16.00
17.00	Adjusment for residents displaced by program or hospital closure		0.00			17.00
18.00	Adjusted rolling average FTE count		8.82			18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.079260			19.00
20.00	Prior year resident to bed ratio (see instructions)		0.088220			20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.079260			21.00
22.00	IME payment adjustment (see instructions)		30,449			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)		30,449			29.00
	Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		15.58			30.00
31.00	Percentage of Medicaid patient days (see instructions)		37.00			31.00
32.00	Sum of lines 30 and 31		52.58			32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part A Date/Time Prepared: 4/30/2014 9:16 am

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			before 1/1	on/after 1/1		
		0	1.00	1.01	2.00	
33.00	Allowable disproportionate share percentage (see instructions)		32.59			33.00
34.00	Disproportionate share adjustment (see instructions)		211,056			34.00

			Prior to October 1 before 1/1		On/After October 1	
		0	1.00	1.01	2.00	
	Uncompensated Care Adjustment					
35.00	Total uncompensated care amount (see instructions)				0	35.00
35.01	Factor 3 (see instructions)				0.000000000	35.01
35.02	Hospital uncompensated care payment (If line 34 is zero, enter zero on this line) (see instructions)				824,187	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)				137,741	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		137,741			36.00
	Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0			40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0	0		41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00			42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 an 685. (see instructions)		0			43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000			44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	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)		1,098,155			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)		1,098,155			49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		73,518			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).		50,907			52.00
53.00	Nursing and Allied Health Managed Care payment		0			53.00
54.00	Special add-on payments for new technologies		0			54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0			55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0			56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0			57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0			58.00
59.00	Total (sum of amounts on lines 49 through 58)		1,222,580			59.00
60.00	Primary payer payments		0			60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		1,222,580			61.00
62.00	Deductibles billed to program beneficiaries		155,924			62.00
63.00	Coinsurance billed to program beneficiaries		0			63.00
64.00	Allowable bad debts (see instructions)		71,796			64.00
65.00	Adjusted reimbursable bad debts (see instructions)		46,667			65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0			66.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part A Date/Time Prepared: 4/30/2014 9:16 am

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			Prior to October 1 before 1/1		On/After October 1	
		0	1.00	1.01	2.00	
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		1,113,323			67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0			68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)		0			69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0			70.00
70.92	Bundled Model 1 discount amount		0			70.92
70.93	HVBP incentive payment (see instructions)		-20			70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-4,520			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
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		1,108,783			71.00
71.01	Sequestration adjustment (see instructions)		14,858			71.01
72.00	Interim payments		938,809			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		155,116			74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		39,175			75.00
	TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0			90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0			91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0			92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0			93.00
94.00	The rate used to calculate the Time Value of Money		0.00			94.00
95.00	Time Value of Money for operating expenses(see instructions)		0			95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0			96.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet DSH | Date/Time Prepared: 4/30/2014 9:16 am

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		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF THE DSH PAYMENT PERCENTAGE						
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	15.58	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	37.00	0.00			37.00	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	52.58	0.00			37.00	3.00
4.00	Provider Type * (urban, rural,SCH, RRC, pickle - If pickle worksheet NA)	Urban				Urban	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	111.28	0.00			111.28	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	32.59	0.00			19.74	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	Yes				No	9.00
10.00	S-2, Line 45	Yes				Yes	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 geater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	15.58	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
	CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS						
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,200	0			1,200	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	29	0			29	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	881	0			881	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	2,110	0			2,110	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	5,703	0			5,703	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	0	0			0	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	0	0			0	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	5,703	0			5,703	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	37.00	0.00			37.00	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet DSH | Date/Time Prepared: 4/30/2014 9:16 am

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		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE						
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	True	32.59		0.00	True	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	False	0.00		0.00	False	29.00
30.00	Line 28 or 29 as applicable		32.59		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		32.59		0.00		31.00

		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
	DETERMINATION OF PROVIDER TYPE						
32.00	Does the hospital qualify under the Pickle ammendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	False				False	34.00
35.00	Is this a Sole Cummunity hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Urban				Urban	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet DSH | Date/Time Prepared: 4/30/2014 9:16 am

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		Revised Percentage 6.00		
	CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE			
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	19.74		28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	0.00		29.00
30.00	Line 28 or 29 as applicable	19.74		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	19.74		31.00

CALCULATION OF REIMBURSEMENT SETTLEMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E Part B Date/Time Prepared: 4/30/2014 9:16 am

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		before 1/1	on/after 1/1	
		1.00	1.01	
	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)	194,563	5,059,895	2.00
3.00	PPS payments	83,206	919,548	3.00
4.00	Outlier payment (see instructions)	18,235	142,885	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	0.000	5.00
6.00	Line 2 times line 5	0	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0		9.00
10.00	Organ acquisitions	0		10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	0		11.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable charges			
12.00	Ancillary service charges	0		12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)	0		13.00
14.00	Total reasonable charges (sum of lines 12 and 13)	0		14.00
	Customary charges			
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis	0		15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a chargebasis had such payment been made in accordance with 42 CFR 413.13(e)	0		16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)	0.000000		17.00
18.00	Total customary charges (see instructions)	0		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	0		19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)	0		20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)	0		21.00
22.00	Interns and residents (see instructions)	0		22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)	0		23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)	1,163,874		24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
25.00	Deductibles and coinsurance (for CAH, see instructions)	279,473		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)	884,401		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	60,907		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)	945,308		30.00
31.00	Primary payer payments	0		31.00
32.00	Subtotal (line 30 minus line 31)	945,308		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)	101,728		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	66,123		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,440		36.00
37.00	Subtotal (see instructions)	1,011,431		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)	1,011,431		40.00
40.01	Sequestration adjustment (see instructions)	13,553		40.01
41.00	Interim payments	980,479		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	17,399		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: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E Part B Date/Time Prepared: 4/30/2014 9:16 am
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		Overrides	
		1.00	
	WORKSHEET OVERRIDE VALUES		
112.00	Override of Ancillary service charges (line 12)	0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E-1 Part I | Date/Time Prepared: 4/30/2014 9:16 am

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		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		984,287		980,659	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	05/28/2013	45,478	05/28/2013	180	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)		-45,478		-180	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)		938,809		980,479	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		155,116		17,399	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,093,925		997,878	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: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet E-1 Part II Date/Time Prepared: 4/30/2014 9:16 am
	Title XVIII	Hospital	PPS

		1.00	
	TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS		
	HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION		
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14	1,409	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12	738	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6. line 2	44	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12	5,703	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200	89,995,580	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20	18,468,718	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)	353,970	8.00
9.00	Sequestration adjustment amount (see instructions)	7,079	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)	346,891	10.00
	INPATIENT HOSPITAL SERVICES UNDER PPS & CAH		
30.00	Initial/interim HIT payment adjustment (see instructions)	0	30.00
31.00	Other Adjustment (specify)	0	31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)	346,891	32.00
		Overrides	
		1.00	
	CONTRACTOR OVERRIDES		
108.00	Override of HIT payment	0	108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E-4 | Date/Time Prepared: 4/30/2014 9:16 am

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				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.			11.59	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			0.00	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))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus lines 4.01 and 4.02 plus applicable subscripts			11.59	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			9.42	6.00
7.00	Enter the lesser of line 5 or line 6			9.42	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.	1.18	7.24	8.42	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.	1.18	7.24	8.42	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	1.18	7.24		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.29	3.86		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	7.90	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	3.79	3.70		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	3.79	3.70		17.00
18.00	Per resident amount	115,910.64	103,425.02		18.00
19.00	Approved amount for resident costs	439,301	382,673	821,974	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)			821,974	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
	COMPUTATION OF PROGRAM PATIENT LOAD				
26.00	Inpatient Days (see instructions)	738	44		26.00
27.00	Total Inpatient Days (see instructions)	5,703	5,703		27.00
28.00	Ratio of inpatient days to total inpatient days	0.129406	0.007715		28.00
29.00	Program direct GME amount	106,368	6,342		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		896		30.00
31.00	Net Program direct GME amount			111,814	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet E-4 | Date/Time Prepared: 4/30/2014 9:16 am

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		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)	0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
	APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY		
	Part A Reasonable Cost		
37.00	Reasonable cost (see instructions)	4,391,791	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)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	4,391,791	41.00
	Part B Reasonable Cost		
42.00	Reasonable cost (see instructions)	5,254,458	42.00
43.00	Primary payer payments (see instructions)	0	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	5,254,458	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	9,646,249	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.455285	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.544715	47.00
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
48.00	Total program GME payment (line 31)	111,814	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	50,907	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	60,907	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G | Date/Time Prepared: 4/30/2014 9:16 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	114,506,579	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	19,929,964	0	0	0	4.00
5.00	Other receivable	32,693,437	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,152,573	0	0	0	6.00
7.00	Inventory	338,565	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	150,315,972	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	0	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	50,676,989	0	0	0	15.00
16.00	Accumulated depreciation	-29,223,910	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	20,950	0	0	0	19.00
20.00	Accumulated depreciation	-20,950	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	12,842,287	0	0	0	23.00
24.00	Accumulated depreciation	-9,249,587	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	-1,220,484	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)	23,825,295	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	174,141,267	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	49,046,909	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,680,007	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	12,049	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	50,738,965	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	3,367,278	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	3,367,278	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	54,106,243	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	120,035,024				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	120,035,024	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	174,141,267	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G-1 | Date/Time Prepared: 4/30/2014 9:16 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		125,344,508		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		-3,309,782				2.00
3.00	Total (sum of line 1 and line 2)		122,034,726		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		122,034,726		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		122,034,726		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: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet G-2 Parts I & II Date/Time Prepared: 4/30/2014 9:16 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	10,857,844		10,857,844	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	10,857,844		10,857,844	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,857,844		10,857,844	17.00
18.00	Ancillary services	9,836,386	38,476,474	48,312,860	18.00
19.00	Outpatient services	1,119,331	29,705,545	30,824,876	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	21,813,561	68,182,019	89,995,580	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		57,726,542		29.00
30.00	SENGSTACKE CLINIC COST	2,570,186			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)		2,570,186		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)		60,296,728		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 140300	Period: From 12/01/2012 To 11/30/2013	Worksheet G-3 Date/Time Prepared: 4/30/2014 9:16 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	89,995,580	1.00
2.00	Less contractual allowances and discounts on patients' accounts	56,047,081	2.00
3.00	Net patient revenues (line 1 minus line 2)	33,948,499	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	60,296,728	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-26,348,229	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	320	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	172,564	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	213,535	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	21,033,704	23.00
24.00	EHR INCENTIVES	1,624,499	24.00
25.00	Total other income (sum of lines 6-24)	23,044,622	25.00
26.00	Total (line 5 plus line 25)	-3,303,607	26.00
27.00	MISCELLANEOUS	6,175	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	6,175	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,309,782	29.00

CALCULATION OF CAPITAL PAYMENT | Provider CCN: 140300 | Period: From 12/01/2012 To 11/30/2013 | Worksheet L Parts I-III Date/Time Prepared: 4/30/2014 9:16 am

Title XVIII | Hospital | PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	57,208	1.00
1.01	Model 4 BPCI Capital DRG other than outlier	0	1.01
2.00	Capital DRG outlier payments	0	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)	15.62	3.00
4.00	Number of interns & residents (see instructions)	8.82	4.00
5.00	Indirect medical education percentage (see instructions)	17.27	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)	9,880	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	15.58	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)	37.00	8.00
9.00	Sum of lines 7 and 8	52.58	9.00
10.00	Allowable disproportionate share percentage (see instructions)	11.24	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)	6,430	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)	73,518	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