

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: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S Parts I-III Date/Time Prepared: 5/28/2014 4:24 pm
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**PART I - COST REPORT STATUS**

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2014 Time: 4:24 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

**PART II - CERTIFICATION**

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FRANCISCAN ST MARGARET-HAMMOND ( 150004 ) for the cost reporting period beginning 01/01/2013 and ending 12/31/2013 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	576,988	153,399	-160,473	0	1.00
2.00 Subprovider - IPF	0	39,598	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	616,586	153,399	-160,473	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: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:12 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 5454 HOMAN AVENUE	PO Box:		Zip Code: 46320		County: LAKE				1.00
2.00	City: HAMMOND	State: IN								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	FRANCIS CAN ST MARGARET-HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCIS CAN ST MARGARET - HAMMOND PSY	155004	23844	4	01/01/2002	N	P	P	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	FRANCIS CAN ST MARGARET - HAMMOND HHA	157145	23844		04/11/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other	FRANCIS CAN ST MARGARET - HAMMOND HMD	147302	23844		04/11/1985				19.00

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

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
24.00	0	3,057	2,518	1,595	0	0	24.00
25.00	0	0	0	0	0	0	25.00

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		Urban/Rural S	Date of Geogr			
		1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0			35.00	
		Beginning:	Ending:			
		1.00	2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.				36.00	
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0			37.00	
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.				38.00	
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)				39.00	
		V	XVII	XIX		
		1.00	2.00	3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN, general surgery FTEs, and primary care FTEs added under section 5503 of ACA). (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06

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		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
		1.00	2.00	3.00	4.00		
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10	
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.20	
					1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>							
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)				0.00	62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)				0.00	62.01	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>							
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)				N	63.00	
				Unweighted FTEs Nonprovi der Si te	Unweighted FTEs in Hospi tal	Ratio (col . 1/ (col . 1 + col . 2))	
				1.00	2.00	3.00	
<u>Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.</u>							
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unwei ghted FTEs Nonprovi der Si te	Unwei ghted FTEs in Hospi tal	Ratio (col . 3/ (col . 3 + col . 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name associated with primary care FTEs for each primary care program in which you trained residents. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part I Date/Time Prepared: 5/28/2014 4:12 pm																																																																																																																																															
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		1.00	2.00	3.00																																																																																																																																															
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(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)</td> <td></td> <td></td> <td></td> <td>N</td> <td>0</td> </tr> <tr> <td colspan="7">Inpatient Rehabilitation Facility PPS</td> </tr> <tr> <td>75.00</td> <td>Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.</td> <td></td> <td></td> <td></td> <td>N</td> <td></td> </tr> <tr> <td>76.00</td> <td>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. 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Enter "Y" for yes or "N" for no.</td> <td></td> <td></td> <td></td> <td></td> <td>N</td> </tr> <tr> <td>86.00</td> <td>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.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="7"> <table border="1"> <thead> <tr> <th colspan="2"></th> <th>V</th> <th>XIX</th> </tr> <tr> <th colspan="2"></th> <th>1.00</th> <th>2.00</th> </tr> </thead> <tbody> <tr> <td colspan="2">Title V and XIX Services</td> <td></td> <td></td> </tr> <tr> <td>90.00</td> <td>Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>91.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>92.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>93.00</td> <td>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.</td> <td></td> <td>N</td> </tr> <tr> <td>94.00</td> <td>Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.</td> <td></td> <td>N</td> </tr> <tr> <td>95.00</td> <td>If line 94 is "Y", enter the reduction percentage in the applicable column.</td> <td></td> <td>0.00</td> </tr> </tbody> </table> </td> </tr> </tbody> </table> </td></tr></tbody></table>									1.00	2.00	3.00	4.00	5.00	Inpatient Psychiatric Facility PPS							70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.				Y		71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period 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. 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		V	XIX			
		1.00	2.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N	96.00		
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00	97.00		
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N		105.00		
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			106.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)			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	
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			Y		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			2		
		Premiums	Losses	Insurance		
		1.00	2.00	3.00		
118.01	List amounts of malpractice premiums and paid losses:	158,239	0	0		
		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		
119.00	DO NOT USE THIS LINE					
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.			N	N	
121.00	Did this facility incur and report costs for high cost implantable devices charged to patients? Enter "Y" for yes or "N" for no.			Y		
<b>Transplant Center Information</b>						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.			N		
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					
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.					

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		1.00	2.00				
All Providers							
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y			140.00		
		1.00	2.00	3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101			
142.00	Street: 1515 DRAGOON TRAIL	PO Box:					
143.00	City: MISHAWAKA	State:		Zip Code: 46546			
				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.	N		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		
156.00	Subprovider - IPF	N	N	N	N		
157.00	Subprovider - IRF	N	N	N	N		
158.00	SUBPROVIDER						
159.00	SNF	N	N	N	N		
160.00	HOME HEALTH AGENCY	N	N	N	N		
161.00	CMHC		N	N	N		
161.10	CORF		N	N	N		
				1.00			
Multi campus							
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.	N		165.00			
		Name	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
						1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.	Y		167.00			
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)	0		168.00			
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)	0.75		169.00			
		Beginning		Ending			
		1.00		2.00			
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)	01/01/2013		12/31/2013			
				170.00			

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:12 pm	
		Y/N	Date				
		1.00	2.00				
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.							
COMPLETED BY ALL HOSPITALS							
Provider Organization and Operation							
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N					1.00
		Y/N	Date			V/I	
		1.00	2.00			3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N					2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N					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?	Y	Y				6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y					7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y					8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y					9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N					10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N					11.00
		Y/N					
		1.00					
Bad Debts							
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y				12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N				13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N				14.00
Bed Complement							
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y				15.00
		Part A		Part B			
		Description	Y/N	Date	Y/N		
		0	1.00	2.00	3.00		
PS&R Data							
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/10/2014		Y		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N		20.00



HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:12 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
<b>Home Office Costs</b>					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
<b>Cost Report Preparer Contact Information</b>					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NANCY		RI LEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSM - HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33175		NANCY.RI LEY@FRANCISCANALLIAN CE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-2 Part II Date/Time Prepared: 5/28/2014 4:12 pm
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		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/10/2014		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		REGIONAL DIRECTOR REIMBURSEMENT	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	153	56,469	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)		153	56,469	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		173	63,769	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
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)		219				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: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	16,240	6,234	28,734			1.00
2.00 HMO and other (see instructions)	1,794	0				2.00
3.00 HMO IPF Subprovider	101	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)	16,240	6,234	28,734			7.00
8.00 INTENSIVE CARE UNIT	2,067	719	3,594			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		177	1,024			13.00
14.00 Total (see instructions)	18,307	7,130	33,352	7.06	1,017.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,387	2,914	9,202	0.00	46.56	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY				0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	20,231	1,011	26,733	0.00	44.63	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	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				7.06	1,109.11	27.00
28.00 Observation Bed Days		1,061	5,184			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: 150004

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	3,232	1,435	6,431	1.00
2.00 HMO and other (see instructions)			303			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 NEWBORN INTENSIVE CARE UNIT						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	3,232	1,435	6,431	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	238	628	2,097	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
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: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet S-3 Part II Date/Time Prepared: 5/28/2014 4:12 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	62,124,805	0	62,124,805	2,248,395.00	27.63	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,240,816	193,993	7,434,809	190,291.00	39.07	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00	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		369,200	0	369,200	2,586.00	142.77	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) (see instructions)		23,444,423	0	23,444,423			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		2,577,026	0	2,577,026			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/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits Department	4.00	383,067	0	383,067	68,753.00	5.57	26.00
27.00	Administrative & General	5.00	6,018,585	0	6,018,585	301,364.00	19.97	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	1,684,505	0	1,684,505	54,887.00	30.69	29.00
30.00	Operation of Plant	7.00	321,243	0	321,243	10,576.00	30.37	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	56,221.00	0.00	31.00
32.00	Housekeeping	9.00	1,445,521	0	1,445,521	124,535.00	11.61	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	776,488	-449,070	327,418	70,263.00	4.66	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	449,070	449,070	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	3,626,966	0	3,626,966	100,561.00	36.07	38.00
39.00	Central Services and Supply	14.00	466,362	0	466,362	27,662.00	16.86	39.00
40.00	Pharmacy	15.00	2,580,997	-309,825	2,271,172	72,735.00	31.23	40.00
41.00	Medical Records & Medical Records Library	16.00	1,526,971	0	1,526,971	72,216.00	21.14	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/28/2014 4:12 pm

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

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/28/2014 4:12 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	62,124,805	0	62,124,805	2,248,395.00	27.63	1.00
2.00	Excluded area salaries (see instructions)	7,240,816	193,993	7,434,809	190,291.00	39.07	2.00
3.00	Subtotal salaries (line 1 minus line 2)	54,883,989	-193,993	54,689,996	2,058,104.00	26.57	3.00
4.00	Subtotal other wages & related costs (see inst.)	369,200	0	369,200	2,586.00	142.77	4.00
5.00	Subtotal wage-related costs (see inst.)	23,444,423	0	23,444,423	0.00	42.87	5.00
6.00	Total (sum of lines 3 thru 5)	78,697,612	-193,993	78,503,619	2,060,690.00	38.10	6.00
7.00	Total overhead cost (see instructions)	18,830,705	-309,825	18,520,880	959,773.00	19.30	7.00



HOSPITAL WAGE RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2014 4:12 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		5,787,950	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		13,096,765	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		241,182	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-2,387,730	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)		117,634	14.00
15.00	'Workers' Compensation Insurance		1,105,338	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		4,583,688	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		67,838	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		71,253	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		22,683,918	24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		760,505	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-3 Part V Date/Time Prepared: 5/28/2014 4:12 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150004 Component CCN: 157145		Period: From 01/01/2013 To 12/31/2013		Worksheet S-4 Date/Time Prepared: 5/28/2014 4:12 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	LAKE				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	776.00	0.00	8,791.00	9,567.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00			15.29	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				0.00	0.00	5.00
6.00	Direct Nursing Service				18.78	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				5.20	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				1.73	0.00	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	11.00
12.00	Speech Pathology Service				0.08	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.03	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				2.16	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				23844		20.00
20.01					16974		20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,762	327	410	77	11,576	21.00
22.00	Skilled Nursing Visit Charges	2,139,163	66,215	70,931	15,170	2,291,479	22.00
23.00	Physical Therapy Visits	4,840	32	33	41	4,946	23.00
24.00	Physical Therapy Visit Charges	990,750	6,560	4,920	8,405	1,010,635	24.00
25.00	Occupational Therapy Visits	1,463	18	4	4	1,489	25.00
26.00	Occupational Therapy Visit Charges	299,505	3,690	820	820	304,835	26.00
27.00	Speech Pathology Visits	84	8	1	0	93	27.00
28.00	Speech Pathology Visit Charges	17,220	1,640	205	0	19,065	28.00
29.00	Medical Social Service Visits	32	0	1	0	33	29.00
30.00	Medical Social Service Visit Charges	8,512	0	266	0	8,778	30.00
31.00	Home Health Aide Visits	2,044	39	0	11	2,094	31.00
32.00	Home Health Aide Visit Charges	253,875	4,875	0	1,375	260,125	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	19,225	424	449	133	20,231	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,709,025	82,980	77,142	25,770	3,894,917	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,058		140	11	1,209	36.00
37.00	Total Number of Outlier Episodes		12		0	12	37.00
38.00	Total Non-Routine Medical Supply Charges	78,507	5,771	7,793	235	92,306	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet S-10 Date/Time Prepared: 5/28/2014 4:12 pm
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				1.00		
<b>Uncompensated and indigent care cost computation</b>						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.336650		1.00	
<b>Medicaid (see instructions for each line)</b>						
2.00	Net revenue from Medicaid		16,426,175		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		15,818,959		5.00	
6.00	Medicaid charges		82,541,943		6.00	
7.00	Medicaid cost (line 1 times line 6)		27,787,745		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
<b>Other state or local government indigent care program (see instructions for each line)</b>						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
<b>Uncompensated care (see instructions for each line)</b>						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	25,330,700	7,208,100	32,538,800	20.00	
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,527,580	2,426,607	10,954,187	21.00	
22.00	Partial payment by patients approved for charity care	324,200	557,800	882,000	22.00	
23.00	Cost of charity care (line 21 minus line 22)	8,203,380	1,868,807	10,072,187	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)			11,892,146	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,070,131	27.00	
28.00	Non-Medicare and non-reimbursable Medicare bad debt expense (line 26 minus line 27)			10,822,015	28.00	
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)			3,643,231	29.00	
30.00	Cost of uncompensated care (line 23 column 3 plus line 29)			13,715,418	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,715,418	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT		6,783,691			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
3.00	00300	OTHER CAP REL COSTS		0			3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	383,067	26,310,914			4.00
5.01	00510	COMMUNICATIONS	395,663	918,685			5.01
5.02	00511	DATA PROCESSING	0	-10,566,302			5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	330,586	457,820			5.03
5.04	00513	ADMINITTING	760,162	13,994			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,532,174	18,837,105			5.05
6.00	00600	MAINTENANCE & REPAIRS	1,684,505	2,309,768			6.00
7.00	00700	OPERATION OF PLANT	321,243	3,047,587			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	714,603			8.00
9.00	00900	HOUSEKEEPING	1,445,521	401,647			9.00
10.00	01000	DIETARY	776,488	1,279,733			10.00
11.00	01100	CAFETERIA	0	0			11.00
13.00	01300	NURSING ADMINISTRATION	3,626,966	809,642			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	466,362	1,552,257			14.00
15.00	01500	PHARMACY	2,580,997	7,670,298			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,526,971	753,528			16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	20,880	2,039			22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0			23.00
23.01	02301	PARAMED ED PRGM - LAB	71,230	10,930			23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	67,295	221			23.02
23.03	02303	PARAMED ED PRGM - RESP THER	52,142	1,885			23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	449,952	20,229			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	11,881,089	1,760,107			30.00
31.00	03100	INTENSIVE CARE UNIT	2,332,189	274,813			31.00
32.00	02060	CORONARY CARE UNIT	0	0			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0			35.00
40.00	04000	SUBPROVIDER - IPF	2,585,807	16,188,618			40.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	1,236,822	3,057,378			50.00
50.01	05001	OPEN HEART SURGERY	130,876	316,589			50.01
50.02	05002	OUTPATIENT SURGERY	1,161,685	338,521			50.02
51.00	05100	RECOVERY ROOM	388,749	18,322			51.00
53.00	05300	ANESTHESIOLOGY	1,026,574	6,101,916			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,284,481	176,528			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	645,972	2,383,731			54.01
54.02	05402	ULTRASOUND	440,099	188,641			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	442,771	398,256			55.01
57.00	05700	CT SCAN	0	0			57.00
58.00	05800	MRI	0	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000	LABORATORY	0	7,154,879			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	653,024			63.00
63.01	06301	NUCLEAR MEDICINE	251,407	295,267			63.01
65.00	06500	RESPIRATORY THERAPY	1,489,399	335,241			65.00
66.00	06600	PHYSICAL THERAPY	1,410,626	1,316,077			66.00
67.00	06700	OCCUPATIONAL THERAPY	401,706	148,275			67.00
68.00	06800	SPEECH PATHOLOGY	236,136	170,760			68.00
69.00	06900	ELECTROCARDIOLOGY	355,634	289,206			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	273,886	57,219			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
76.00	03020	PAIN CLINIC	0	0			76.00
76.01	03021	ORTHOPEDICS	45,801	33,472			76.01
76.02	03022	CARDIOVASCULAR SERVICES	850,445	1,929,848			76.02
76.03	03023	CARDIAC REHAB	363,646	18,051			76.03
76.04	03024	RADIATION ONCOLOGY	726,075	212,424			76.04
76.05	03025	MRI	167,054	100,969			76.05
76.06	03026	BARIATRIC CENTER	0	19			76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	2,714,541			76.07
76.08	03028	WOUND CARE	317,577	124,322			76.08

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES      Provider CCN: 150004      Period: From 01/01/2013 To 12/31/2013      Worksheet A  
 Date/Time Prepared: 5/28/2014 4:12 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)		
		1.00	2.00	3.00	4.00	5.00		
76.09	03029 RENAL DIALYSIS	0	0	0	611,520	611,520	76.09	
76.10	03030 INFUSION	100,571	54,919	155,490	-2,235	153,255	76.10	
76.11	03031 CARE TRANSITION CENTER	15,214	35	15,249	0	15,249	76.11	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	0	90.00	
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01	
91.00	09100 EMERGENCY	8,055,920	3,055,307	11,111,227	-778,965	10,332,262	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS								
99.00	09900 CMHC	0	0	0	0	0	99.00	
99.10	09910 CORF	0	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	2,951,703	461,358	3,413,061	-57,832	3,355,229	101.00	
SPECIAL PURPOSE COST CENTERS								
113.00	11300 INTEREST EXPENSE		5,022,972	5,022,972	-1,467,916	3,555,056	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		61,062,118	116,681,879	177,743,997	0	177,743,997	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,573	75,848	116,421	0	116,421	190.00	
190.01	19001 CONVENT	0	10,578	10,578	0	10,578	190.01	
190.02	19002 HOME MEDICAL EQUIPMENT	0	14	14	0	14	190.02	
190.03	19003 MEDICAL ARTS BUILDING	0	96,443	96,443	0	96,443	190.03	
190.04	19004 WOMEN'S HEALTH CENTER	84,593	7,593	92,186	0	92,186	190.04	
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09	19009 MDWISE	55,108	5,639,100	5,694,208	0	5,694,208	190.09	
190.10	19010 CATHERINE MCAULEY CLINIC	372,976	58,077	431,053	0	431,053	190.10	
190.11	19011 CENTER OF HOPE	16,733	0	16,733	0	16,733	190.11	
190.12	19012 SELECT	0	0	0	0	0	190.12	
190.13	19013 PERCINI AS	0	0	0	0	0	190.13	
192.00	19200 PHYSICIANS' PRIVATE OFFICES	233,635	368,873	602,508	0	602,508	192.00	
192.01	19201 WORKING WELL	259,069	160,730	419,799	0	419,799	192.01	
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01	07951 REHAB	0	0	0	0	0	194.01	
200.00	TOTAL (SUM OF LINES 118-199)		62,124,805	123,099,135	185,223,940	0	185,223,940	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet A Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,551,381	5,089,137	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	3,779,443	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	470,443	27,163,927	4.00
5.01	00510	COMMUNICATIONS	-33,873	1,280,475	5.01
5.02	00511	DATA PROCESSING	12,580,676	2,014,374	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	-377,743	410,663	5.03
5.04	00513	ADMINITTING	995,842	1,769,998	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	-6,716,776	17,586,911	5.05
6.00	00600	MAINTENANCE & REPAIRS	-11,736	3,982,537	6.00
7.00	00700	OPERATION OF PLANT	0	3,368,830	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-280,178	434,425	8.00
9.00	00900	HOUSEKEEPING	0	1,847,168	9.00
10.00	01000	DIETARY	-313,168	553,868	10.00
11.00	01100	CAFETERIA	-699,536	489,649	11.00
13.00	01300	NURSING ADMINISTRATION	-71,421	4,323,170	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-214,275	1,264,197	14.00
15.00	01500	PHARMACY	-1,986,214	3,823,560	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-14,326	2,266,173	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	553,990	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	185,226	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	246,774	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	65,967	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	652,234	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	11,748,604	30.00
31.00	03100	INTENSIVE CARE UNIT	-28,198	2,454,932	31.00
32.00	02060	CORONARY CARE UNIT	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	35.00
40.00	04000	SUBPROVIDER - I PF	-13,090,200	5,683,382	40.00
43.00	04300	NURSERY	0	944,144	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	-634,451	1,775,571	50.00
50.01	05001	OPEN HEART SURGERY	-29,419	236,509	50.01
50.02	05002	OUTPATIENT SURGERY	0	1,308,548	50.02
51.00	05100	RECOVERY ROOM	0	400,367	51.00
53.00	05300	ANESTHESIOLOGY	0	7,047,060	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-100,247	1,064,108	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	2,275,077	54.01
54.02	05402	ULTRASOUND	-8,714	634,341	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	-86,423	751,440	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-1,898,721	5,153,092	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	-252	823,135	63.00
63.01	06301	NUCLEAR MEDICINE	0	593,321	63.01
65.00	06500	RESPIRATORY THERAPY	-35,233	1,862,254	65.00
66.00	06600	PHYSICAL THERAPY	-5,587	2,460,298	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	595,028	67.00
68.00	06800	SPEECH PATHOLOGY	0	381,877	68.00
69.00	06900	ELECTROCARDIOLOGY	-241,132	402,728	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-11,813	315,691	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,430,236	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,945,341	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,088,717	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03021	ORTHOPEDICS	0	51,906	76.01
76.02	03022	CARDIOVASCULAR SERVICES	-147,890	1,050,624	76.02
76.03	03023	CARDIAC REHAB	-1,532	383,560	76.03
76.04	03024	RADIATION ONCOLOGY	-100	931,994	76.04
76.05	03025	MRI	-24,887	245,227	76.05
76.06	03026	BARIATRIC CENTER	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	-2,356,843	357,698	76.07
76.08	03028	WOUND CARE	-8,305	341,069	76.08
76.09	03029	RENAL DIALYSIS	0	611,520	76.09
76.10	03030	INFUSION	0	153,255	76.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150004

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

Worksheet A  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
76.11	03031 CARE TRANSITION CENTER	6.00	0	15,249
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
90.00	09000 CLINIC	0	0	0
90.01	09001 OCC HEALTH CLINIC	0	0	0
91.00	09100 EMERGENCY	-941,026	9,391,236	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART			
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	0
99.10	09910 CORF	0	0	0
101.00	10100 HOME HEALTH AGENCY	-75,000	3,280,229	0
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-3,555,056	0	0
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	-18,401,933	159,342,064	0
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	116,421	0
190.01	19001 CONVENT	0	10,578	0
190.02	19002 HOME MEDICAL EQUIPMENT	0	14	0
190.03	19003 MEDICAL ARTS BUILDING	0	96,443	0
190.04	19004 WOMEN'S HEALTH CENTER	0	92,186	0
190.05	19005 DEVELOPMENT	0	0	0
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0
190.07	19007 IMAGE RECOVERY	0	0	0
190.08	19008 FAMILY SERVICES	0	0	0
190.09	19009 MDWISE	0	5,694,208	0
190.10	19010 CATHERINE MCAULEY CLINIC	0	431,053	0
190.11	19011 CENTER OF HOPE	0	16,733	0
190.12	19012 SELECT	0	0	0
190.13	19013 PERCINI AS	0	0	0
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	602,508	0
192.01	19201 WORKING WELL	0	419,799	0
193.00	19300 NONPAID WORKERS	0	0	0
194.01	07951 REHAB	0	0	0
200.00	20000 TOTAL (SUM OF LINES 118-199)	-18,401,933	166,822,007	0



RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
<b>A - CAPITAL</b>						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	3,779,443	1.00	
	TOTALS		0	3,779,443		
<b>B - DIETARY</b>						
1.00	CAFETERIA	11.00	449,070	740,115	1.00	
	TOTALS		449,070	740,115		
<b>C - INSURANCE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	123,333	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	873,808	2.00	
	TOTALS		0	997,141		
<b>D - CHARGEABLE SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	497	1.00	
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	42,017	2.00	
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	540,147	3.00	
4.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	388	4.00	
5.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	336,928	5.00	
6.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	123,872	6.00	
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	843	7.00	
8.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,884,178	8.00	
9.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	181,537	9.00	
10.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	191,658	10.00	
11.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,704	11.00	
12.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	81,430	12.00	
13.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	985	13.00	
14.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	771,644	14.00	
15.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	30,263	15.00	
16.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,164	16.00	
17.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,183	17.00	
18.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	97,921	18.00	
19.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,556	19.00	
20.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	9,128	20.00	
21.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	37,915	21.00	
22.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	980	22.00	
23.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	3,601	23.00	
24.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	27,367	24.00	
25.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,581,779	25.00	
26.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	88	26.00	
27.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	6,405	27.00	
28.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,894	28.00	
29.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	19	29.00	
30.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	92,525	30.00	
31.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,235	31.00	
32.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	247,894	32.00	

RECLASSIFICATIONS

Provider CCN: 150004

Period:  
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To 12/31/2013

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
33.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	57,832	33.00
	TOTALS		0	6,375,577	
E - PHARMACY					
1.00	DRUGS CHARGED TO PATIENTS	73.00	127,772	3,960,945	1.00
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	170,363	2.00
	TOTALS		127,772	4,131,308	
F - RADIOLOGY ADMINISTRATION					
1.00	NUCLEAR MEDICINE	63.01	5,350	0	1.00
2.00	ULTRASOUND	54.02	33,576	0	2.00
3.00	NUCLEAR MEDICINE	63.01	42,480	0	3.00
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	17,018	0	4.00
5.00	MRI	76.05	6,985	0	5.00
6.00	ULTRASOUND	54.02	11,002	0	6.00
	TOTALS		116,411	0	
G - MEDICAL EDUCATION					
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	531,071	1.00
	TOTALS		0	531,071	
H - PARAMEDICAL EDUCATION					
1.00	PARAMED ED PRGM - LAB	23.01	0	103,066	1.00
2.00	PARAMED ED PRGM - RADIOLOGY	23.02	0	179,258	2.00
3.00	PARAMED ED PRGM - RESP THER	23.03	11,940	0	3.00
4.00	PARAMED ED PRGM-PHARMACY	23.04	182,053	0	4.00
	TOTALS		193,993	282,324	
I - PROFESSIONAL SUPPORT SERVICES					
1.00	RESPIRATORY THERAPY	65.00	182,623	85	1.00
2.00	OCCUPATIONAL THERAPY	67.00	54,150	25	2.00
3.00	SPEECH PATHOLOGY	68.00	12,890	6	3.00
4.00	CARDIAC REHAB	76.03	3,481	2	4.00
	TOTALS		253,144	118	
J - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
	TOTALS		0	18,000	
K - NURSERY					
1.00	NURSERY	43.00	766,148	177,996	1.00
	TOTALS		766,148	177,996	
L - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	461,564	149,956	1.00
	TOTALS		461,564	149,956	
M - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,945,341	1.00
	TOTALS		0	2,945,341	
O - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	392,175	1.00
	TOTALS		0	392,175	
P - MISCELLANEOUS A&G					
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	60,600	1.00
	TOTALS		0	60,600	
500.00	Grand Total: Increases		2,368,102	20,581,165	500.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6  
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - CAPITAL</b>							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,779,443	9		1.00
	TOTALS		0	3,779,443			
<b>B - DIETARY</b>							
1.00	DIETARY	10.00	449,070	740,115	0		1.00
	TOTALS		449,070	740,115			
<b>C - INSURANCE</b>							
1.00	INTEREST EXPENSE	113.00	0	123,333	12		1.00
2.00	INTEREST EXPENSE	113.00	0	873,808	12		2.00
	TOTALS		0	997,141			
<b>D - CHARGEABLE SUPPLIES</b>							
1.00	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	497	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	42,017	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	540,147	0		3.00
4.00	PHARMACY	15.00	0	388	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	336,928	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	123,872	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	843	0		7.00
8.00	OPERATING ROOM	50.00	0	1,884,178	0		8.00
9.00	OPEN HEART SURGERY	50.01	0	181,537	0		9.00
10.00	OUTPATIENT SURGERY	50.02	0	191,658	0		10.00
11.00	RECOVERY ROOM	51.00	0	6,704	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	81,430	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	985	0		13.00
14.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	771,644	0		14.00
15.00	ULTRASOUND	54.02	0	30,263	0		15.00
16.00	COMPUTED TOMOGRAPHY	55.01	0	3,164	0		16.00
17.00	NUCLEAR MEDICINE	63.01	0	1,183	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	97,921	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	7,556	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	9,128	0		20.00
21.00	SPEECH PATHOLOGY	68.00	0	37,915	0		21.00
22.00	ELECTROCARDIOLOGY	69.00	0	980	0		22.00
23.00	ELECTROENCEPHALOGRAPHY	70.00	0	3,601	0		23.00
24.00	ORTHOPEDI CS	76.01	0	27,367	0		24.00
25.00	CARDIOVASCULAR SERVICES	76.02	0	1,581,779	0		25.00
26.00	CARDIAC REHAB	76.03	0	88	0		26.00
27.00	RADIATION ONCOLOGY	76.04	0	6,405	0		27.00
28.00	MRI	76.05	0	4,894	0		28.00
29.00	BARIATRIC CENTER	76.06	0	19	0		29.00
30.00	WOUND CARE	76.08	0	92,525	0		30.00
31.00	INFUSION	76.10	0	2,235	0		31.00
32.00	EMERGENCY	91.00	0	247,894	0		32.00
33.00	HOME HEALTH AGENCY	101.00	0	57,832	0		33.00
	TOTALS		0	6,375,577			
<b>E - PHARMACY</b>							
1.00	PHARMACY	15.00	127,772	3,960,945	0		1.00
2.00	PHARMACY	15.00	0	170,363	0		2.00
	TOTALS		127,772	4,131,308			
<b>F - RADIOLOGY ADMINISTRATION</b>							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	5,350	0	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	33,576	0	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	42,480	0	0		3.00
4.00	RADIOLOGY-DIAGNOSTIC	54.00	17,018	0	0		4.00
5.00	RADIOLOGY-DIAGNOSTIC	54.00	6,985	0	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	11,002	0	0		6.00
	TOTALS		116,411	0	0		
<b>G - MEDICAL EDUCATION</b>							
1.00	EMERGENCY	91.00	0	531,071	0		1.00
	TOTALS		0	531,071			
<b>H - PARAMEDICAL EDUCATION</b>							
1.00	LABORATORY	60.00	0	103,066	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	179,258	0		2.00
3.00	RESPIRATORY THERAPY	65.00	11,940	0	0		3.00
4.00	PHARMACY	15.00	182,053	0	0		4.00
	TOTALS		193,993	282,324			
<b>I - PROFESSIONAL SUPPORT SERVICES</b>							
1.00	PHYSICAL THERAPY	66.00	182,623	85	0		1.00
2.00	PHYSICAL THERAPY	66.00	54,150	25	0		2.00
3.00	PHYSICAL THERAPY	66.00	12,890	6	0		3.00
4.00	PHYSICAL THERAPY	66.00	3,481	2	0		4.00
	TOTALS		253,144	118			

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

Date/Time Prepared:  
5/28/2014 4:12 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
J - RENT							
1.00	INTEREST EXPENSE	113.00	0	18,000	10		1.00
	TOTALS		0	18,000			
K - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	766,148	177,996	0		1.00
	TOTALS		766,148	177,996			
L - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	461,564	149,956	0		1.00
	TOTALS		461,564	149,956			
M - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,945,341	0		1.00
	TOTALS		0	2,945,341			
O - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	392,175	11		1.00
	TOTALS		0	392,175			
P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	113.00	0	60,600	0		1.00
	TOTALS		0	60,600			
500.00	Grand Total: Decreases		2,368,102	20,581,165			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,547,620	0	0	0	1.00
2.00	Land Improvements	3,492,686	0	0	0	2.00
3.00	Buildings and Fixtures	47,114,931	0	0	867,842	3.00
4.00	Building Improvements	157,134	0	0	0	4.00
5.00	Fixed Equipment	138,102,365	5,890,514	0	5,890,514	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	194,414,736	5,890,514	0	5,890,514	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	194,414,736	5,890,514	0	5,890,514	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	5,547,620	0			1.00
2.00	Land Improvements	3,492,686	0			2.00
3.00	Buildings and Fixtures	46,247,089	0			3.00
4.00	Building Improvements	157,134	0			4.00
5.00	Fixed Equipment	143,992,879	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	199,437,408	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	199,437,408	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	6,783,691	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,783,691	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,783,691				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,783,691				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,004,248	-10,880	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,779,443	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,783,691	-10,880	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	CAP REL COSTS-BLDG & FIXT	392,175	123,333	0	1,580,261	5,089,137	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,779,443	2.00
3.00	Total (sum of lines 1-2)	392,175	123,333	0	1,580,261	8,868,580	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)	B	-129,972		INTEREST EXPENSE	113.00	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)	B	-213,727		CENTRAL SERVICES & SUPPLY	14.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-28,880		CAP REL COSTS-BLDG & FIXT	1.00	10 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-33,873		COMMUNICATIONS	5.01	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-772,112				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-2,358		RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,566,191				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-681,406		CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-14,326		MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-18,130		CAFETERIA	11.00	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			RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00	30.00
30.99 Hospice (non-distinct) (see instructions)				ADULTS & PEDIATRICS	30.00	30.99
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 SELECT MEALS	B	-216,963		DIETARY	10.00	0 33.00
33.01 WELLNESS CENTER REVENUE	B	-1,100		EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.01



ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
33.02	PHYSICIAN APPLICATION FEES	B	-16,650	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.02
33.03	CARDIAC DIETETIC INSTRUCTION	B	-3,360	DIETARY	10.00	0 33.03
33.04	MISCELLANEOUS INCOME	B	-33,410	CARDIOVASCULAR SERVICES	76.02	0 33.04
33.05	LOBBYING EXPENSE	A	-37,301	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.05
33.06	PROGRAM FEES	B	-34,042	NURSING ADMINISTRATION	13.00	0 33.06
33.07	LIFELINE	B	-68,833	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.07
33.08	UNNECESSARY BORROWING	A	-914,628	INTEREST EXPENSE	113.00	0 33.08
33.09	SHARED SERVICES - HR	A	-341,078	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.09
33.10	SHARED SERVICES - LAUNDRY	A	-280,178	LAUNDRY & LINEN SERVICE	8.00	0 33.10
33.11	SHARED SERVICES - RECEIVING	A	-309,115	PURCHASING, RECEIVING AND STORES	5.03	0 33.11
33.12	SHARED SERVICES - A&G	A	-6,420,921	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.12
33.13	SHARED SERVICES - PR	A	995,842	ADMINISTRATIVE	5.04	0 33.13
33.14	MISCELLANEOUS INCOME	B	-100	RADIATION ONCOLOGY	76.04	0 33.14
33.15	MISCELLANEOUS INCOME	B	-7,364	MAINTENANCE & REPAIRS	6.00	0 33.15
33.16	MISCELLANEOUS INCOME	B	-75,000	HOME HEALTH AGENCY	101.00	0 33.16
33.17	DONATIONS EXPENSE	A	-18,684	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.17
33.18	GOODWILL OFFSET	A	-212,050	CAP REL COSTS-BLDG & FIXT	1.00	14 33.18
33.19	ADVERTISING EXPENSE	A	-16,972	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.19
33.20	ADVERTISING EXPENSE	A	-4,213	SUBPROVIDER - I PF	40.00	0 33.20
33.21	MISCELLANEOUS INCOME	B	-1,610	RADIOLOGY-DIAGNOSTIC	54.00	0 33.21
33.22	PATIENT INTEREST	B	-516,961	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.22
33.23	HAF ASSESSMENT	A	-4,672,881	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.23
33.24	PENSION COST	A	829,593	EMPLOYEE BENEFITS DEPARTMENT	4.00	0 33.24
33.25	DISCOUNTS/REBATES	B	-68,628	PURCHASING, RECEIVING AND STORES	5.03	0 33.25
33.26	DISCOUNTS/REBATES	B	-4,372	MAINTENANCE & REPAIRS	6.00	0 33.26
33.27	DISCOUNTS/REBATES	B	-92,845	DIETARY	10.00	0 33.27
33.28	DISCOUNTS/REBATES	B	-134,020	PHARMACY	15.00	0 33.28
33.29	DISCOUNTS/REBATES	B	-122,133	OPERATING ROOM	50.00	0 33.29
33.30	DISCOUNTS/REBATES	B	-58,621	RADIOLOGY-DIAGNOSTIC	54.00	0 33.30
33.31	DISCOUNTS/REBATES	B	-17,017	LABORATORY	60.00	0 33.31
33.32	DISCOUNTS/REBATES	B	-9,975	RESPIRATORY THERAPY	65.00	0 33.32
33.33	DISCOUNTS/REBATES	B	-55,368	CARDIOVASCULAR SERVICES	76.02	0 33.33
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-18,401,933			50.00

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared: 5/28/2014 4:12 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,792,311	0
2.00	5.02	DATA PROCESSING	DATA PROCESSING	0	10,426,152
3.00	5.05	OTHER ADMINISTRATIVE AND GEN	ADMINISTRATIVE & GENERAL	12,066,099	5,428,084
4.00	15.00	PHARMACY	COEP / PHARMACY	346,171	583,870
4.01	113.00	INTEREST EXPENSE	INTEREST	1,436,775	3,947,231
4.02	5.05	OTHER ADMINISTRATIVE AND GEN	PATIENT ACCOUNTING	0	1,602,560
4.03	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-23,006,828
4.04	14.00	CENTRAL SERVICES & SUPPLY	SPD	64	612
4.05	15.00	PHARMACY	PHARMACY	448,114	2,061,553
4.06	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	4,852,485
4.07	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	9,650,303
4.08	40.00	SUBPROVIDER - IPF	PSYCH REVENUE RECLASSIFICATI	0	5,028
4.09	50.00	OPERATING ROOM	SURGERY	164	735
4.10	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	5,031	42,689
4.11	54.02	ULTRASOUND	ULTRASOUND	1,164	9,878
4.12	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	37,856	124,279
4.13	60.00	LABORATORY	CHEMISTRY	320,700	2,178,861
4.14	63.00	BLOOD STORING, PROCESSING &	BLOOD BANK	107	359
4.15	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	9,856	34,183
4.16	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	2,263	7,850
4.17	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	36,596	277,728
4.18	76.03	CARDIAC REHAB	CARDIAC REHAB	1,235	2,767
4.19	76.05	MRI	MRI	4,052	28,939
4.20	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	357,698	2,714,541
4.21	91.00	EMERGENCY	EMERGENCY ROOM	133,621	1,014,038
4.22	40.00	SUBPROVIDER - IPF	PYSCH UNIT OVERHEAD	1,421,829	0
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,421,706	21,987,897

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

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

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

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

6.00	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:  
5/28/2014 4:12 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:</b>				
1.00	1,792,311	14		1.00
2.00	-10,426,152	0		2.00
3.00	6,638,015	0		3.00
4.00	-237,699	0		4.00
4.01	-2,510,456	0		4.01
4.02	-1,602,560	0		4.02
4.03	23,006,828	0		4.03
4.04	-548	0		4.04
4.05	-1,613,439	0		4.05
4.06	-4,852,485	0		4.06
4.07	-9,650,303	0		4.07
4.08	-5,028	0		4.08
4.09	-571	0		4.09
4.10	-37,658	0		4.10
4.11	-8,714	0		4.11
4.12	-86,423	0		4.12
4.13	-1,858,161	0		4.13
4.14	-252	0		4.14
4.15	-24,327	0		4.15
4.16	-5,587	0		4.16
4.17	-241,132	0		4.17
4.18	-1,532	0		4.18
4.19	-24,887	0		4.19
4.20	-2,356,843	0		4.20
4.21	-880,417	0		4.21
4.22	1,421,829	0		4.22
5.00	-3,566,191			5.00

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

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

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

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

6.00	HOME OFFICE		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: 150004

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

Worksheet A-8-2

Date/Time Prepared:  
5/28/2014 4:12 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	NURSING ADMINISTRATION	42,570	33,820	8,750	171,400	63	1.00
2.00	15.00	PHARMACY	6,000	0	6,000	171,400	60	2.00
3.00	31.00	INTENSIVE CARE UNIT	28,198	28,198	0	171,400	0	3.00
4.00	50.00	OPERATING ROOM	537,260	507,880	29,380	204,100	260	4.00
5.00	50.01	OPEN HEART SURGERY	53,460	4,560	48,900	204,100	245	5.00
6.00	60.00	LABORATORY	50,736	6,186	44,550	171,400	330	6.00
7.00	65.00	RESPIRATORY THERAPY	1,920	0	1,920	171,400	12	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	24,000	0	24,000	171,400	240	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	7,590	7,590	0	171,400	0	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	82,350	6,210	76,140	171,400	282	10.00
11.00	76.08	WOUND CARE	8,305	8,305	0	171,400	0	11.00
12.00	91.00	EMERGENCY	150,759	15,759	135,000	171,400	1,094	12.00
200.00			993,148	618,508	374,640		2,586	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	13.00	NURSING ADMINISTRATION	5,191	260	0	0	0	1.00
2.00	15.00	PHARMACY	4,944	247	0	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	25,513	1,276	0	0	0	4.00
5.00	50.01	OPEN HEART SURGERY	24,041	1,202	0	0	0	5.00
6.00	60.00	LABORATORY	27,193	1,360	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	989	49	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	19,777	989	0	0	0	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	23,238	1,162	0	0	0	10.00
11.00	76.08	WOUND CARE	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	90,150	4,508	0	0	0	12.00
200.00			221,036	11,053	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	13.00	NURSING ADMINISTRATION	0	5,191	3,559	37,379	1.00
2.00	15.00	PHARMACY	0	4,944	1,056	1,056	2.00
3.00	31.00	INTENSIVE CARE UNIT	0	0	0	28,198	3.00
4.00	50.00	OPERATING ROOM	0	25,513	3,867	511,747	4.00
5.00	50.01	OPEN HEART SURGERY	0	24,041	24,859	29,419	5.00
6.00	60.00	LABORATORY	0	27,193	17,357	23,543	6.00
7.00	65.00	RESPIRATORY THERAPY	0	989	931	931	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	19,777	4,223	4,223	8.00
9.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	7,590	9.00
10.00	76.02	CARDIOVASCULAR SERVICES	0	23,238	52,902	59,112	10.00
11.00	76.08	WOUND CARE	0	0	0	8,305	11.00
12.00	91.00	EMERGENCY	0	90,150	44,850	60,609	12.00
200.00			0	221,036	153,604	772,112	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,089,137	5,089,137			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,779,443		3,779,443		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	27,163,927	37,202	3,653	27,204,782	4.00
5.01 00510	COMMUNICATIONS	1,280,475	11,810	8,121	174,338	1,474,744 5.01
5.02 00511	DATA PROCESSING	2,014,374	59,268	960,203	0	0 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	410,663	15,050	4,347	145,663	20,866 5.03
5.04 00513	ADMINISTRATIVE	1,769,998	34,354	0	334,944	63,342 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	17,586,911	284,735	56,523	1,996,976	184,064 5.05
6.00 00600	MAINTENANCE & REPAIRS	3,982,537	339,664	20,690	742,230	102,092 6.00
7.00 00700	OPERATION OF PLANT	3,368,830	234,405	6,202	141,547	44,712 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	434,425	5,917	80,023	0	9,688 8.00
9.00 00900	HOUSEKEEPING	1,847,168	86,325	8,240	636,928	10,432 9.00
10.00 01000	DIETARY	553,868	82,417	24,736	144,268	20,120 10.00
11.00 01100	CAFETERIA	489,649	60,084	0	197,870	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,323,170	56,545	54,664	1,598,121	49,928 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,264,197	83,751	74,425	205,489	25,337 14.00
15.00 01500	PHARMACY	3,823,560	40,851	4,604	1,000,728	39,496 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,266,173	148,724	2,169	672,817	12,668 16.00
17.00 01700	SOCIAL SERVICE	0	8,820	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	553,990	0	0	9,200	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	746 23.00
23.01 02301	PARAMED ED PRGM - LAB	185,226	0	0	31,386	746 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	246,774	0	0	29,652	746 23.02
23.03 02303	PARAMED ED PRGM - RESPIRATORY	65,967	0	0	28,236	746 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	652,234	0	0	278,475	0 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	11,748,604	1,121,828	755,218	4,694,127	234,732 30.00
31.00 03100	INTENSIVE CARE UNIT	2,454,932	151,038	63,898	1,027,614	37,260 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	5,683,382	0	2,273	1,139,363	0 40.00
43.00 04300	NURSERY	944,144	0	0	337,582	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	1,775,571	287,105	202,276	544,971	87,187 50.00
50.01 05001	OPEN HEART SURGERY	236,509	0	20,224	57,667	0 50.01
50.02 05002	OUTPATIENT SURGERY	1,308,548	219,307	80,904	511,864	34,279 50.02
51.00 05100	RECOVERY ROOM	400,367	0	1,600	171,291	0 51.00
53.00 05300	ANESTHESIOLOGY	7,047,060	0	112,771	452,331	6,707 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,064,108	140,382	73,944	514,677	63,342 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	2,275,077	24,333	20,717	292,128	4,471 54.01
54.02 05402	ULTRASOUND	634,341	15,945	26,811	213,559	9,688 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	751,440	16,314	1,196	195,095	0 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,153,092	108,916	0	0	34,279 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORAGE, PROCESSING & TRANS.	823,135	0	0	0	33,534 63.00
63.01 06301	NUCLEAR MEDICINE	593,321	21,563	79,784	131,850	9,688 63.01
65.00 06500	RESPIRATORY THERAPY	1,862,254	43,268	88,433	731,469	20,120 65.00
66.00 06600	PHYSICAL THERAPY	2,460,298	111,945	4,760	510,012	39,496 66.00
67.00 06700	OCCUPATIONAL THERAPY	595,028	10,342	80	200,860	8,942 67.00
68.00 06800	SPEECH PATHOLOGY	381,877	32,047	2,835	109,726	2,236 68.00
69.00 06900	ELECTROCARDIOLOGY	402,728	18,009	14,270	156,700	10,432 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	315,691	14,627	24,013	120,680	14,159 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,430,236	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,945,341	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	4,088,717	0	0	56,299	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03021	ORTHOPEDICS	51,906	7,258	0	20,181	0 76.01
76.02 03022	CARDIOVASCULAR SERVICES	1,050,624	63,906	143,625	374,725	56,635 76.02
76.03 03023	CARDIAC REHAB	383,560	13,764	42,221	161,764	2,236 76.03
76.04 03024	RADIATION ONCOLOGY	931,994	143,419	254,916	319,925	0 76.04
76.05 03025	MRI	245,227	31,404	347,919	76,685	0 76.05
76.06 03026	BARIATRIC CENTER	0	0	0	0	0 76.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
76.07 03027 PSYCH ACTIVITY THERAPY	357,698	0	0	0	0	76.07
76.08 03028 WOUND CARE	341,069	51,280	2,567	139,931	22,356	76.08
76.09 03029 RENAL DIALYSIS	611,520	99,037	0	203,375	0	76.09
76.10 03030 INFUSION	153,255	5,210	0	44,314	0	76.10
76.11 03031 CARE TRANSITION CENTER	15,249	0	0	6,704	0	76.11
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	9,391,236	122,358	43,042	3,549,616	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	3,280,229	32,235	1,105	1,300,585	68,558	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	159,342,064	4,496,762	3,720,002	26,736,538	1,386,066	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	116,421	10,625	0	17,877	3,726	190.00
190.01 19001 CONVENT	10,578	89,071	0	0	24,591	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	14	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	96,443	0	622	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	92,186	9,008	0	37,274	3,726	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	5,694,208	0	0	24,282	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	431,053	0	2,018	164,341	4,471	190.10
190.11 19011 CENTER OF HOPE	16,733	3,947	0	7,373	0	190.11
190.12 19012 SELECT	0	309,594	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	602,508	31,184	1,746	102,945	31,298	192.00
192.01 19201 WORKING WELL	419,799	0	50,401	114,152	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	138,946	4,654	0	20,866	194.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	166,822,007	5,089,137	3,779,443	27,204,782	1,474,744	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING	3,033,845					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	98,487	695,076				5.03
5.04	00513	ADMINITTING	215,134	504	2,418,276			5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	902,831	9	0	21,012,049	21,012,049	5.05
6.00	00600	MAINTENANCE & REPAIRS	0	72	0	5,187,285	747,519	6.00
7.00	00700	OPERATION OF PLANT	0	0	0	3,795,696	546,983	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	17,246	0	547,299	78,869	8.00
9.00	00900	HOUSEKEEPING	0	346	0	2,589,439	373,154	9.00
10.00	01000	DIETARY	0	3,487	0	828,896	119,449	10.00
11.00	01100	CAFETERIA	0	0	0	747,603	107,734	11.00
13.00	01300	NURSING ADMINISTRATION	35,182	3,748	0	6,121,358	882,124	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	43,555	0	1,696,754	244,512	14.00
15.00	01500	PHARMACY	199,724	17,421	0	5,126,384	738,743	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	760,865	16	0	3,863,432	556,744	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	8,820	1,271	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	563,190	81,159	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	746	108	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	217,358	31,323	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	277,172	39,942	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	94,949	13,683	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	930,709	134,121	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	64,075	208,998	18,827,582	2,713,127	30.00
31.00	03100	INTENSIVE CARE UNIT	0	18,544	41,344	3,794,630	546,829	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	788	153,225	6,979,031	1,005,720	40.00
43.00	04300	NURSERY	0	0	4,162	1,285,888	185,304	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	63,818	172,567	96,560	3,230,055	465,470	50.00
50.01	05001	OPEN HEART SURGERY	0	16,506	10,014	340,920	49,129	50.01
50.02	05002	OUTPATIENT SURGERY	0	23,488	41,339	2,219,729	319,876	50.02
51.00	05100	RECOVERY ROOM	0	1,196	17,280	591,734	85,272	51.00
53.00	05300	ANESTHESIOLOGY	0	9,515	49,455	7,677,839	1,106,423	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	175,188	535	65,608	2,097,784	302,303	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	67,886	53,660	2,738,272	394,601	54.01
54.02	05402	ULTRASOUND	0	3,303	48,738	952,385	137,244	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	6,581	164,569	1,135,195	163,588	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	406,012	16	269,649	5,971,964	860,596	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	18,949	875,618	126,182	63.00
63.01	06301	NUCLEAR MEDICINE	0	202	31,337	867,745	125,047	63.01
65.00	06500	RESPIRATORY THERAPY	0	14,380	60,025	2,819,949	406,372	65.00
66.00	06600	PHYSICAL THERAPY	0	920	26,921	3,154,352	454,561	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	822	13,159	829,233	119,497	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,227	6,431	538,379	77,584	68.00
69.00	06900	ELECTROCARDIOLOGY	0	846	56,051	659,036	94,971	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	770	11,444	501,384	72,252	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	2	93,935	3,524,173	507,854	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	31,160	2,976,501	428,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	335,938	4,480,954	645,732	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	2,652	472	82,469	11,884	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	133,725	73,485	1,896,725	273,329	76.02
76.03	03023	CARDIAC REHAB	0	386	7,555	611,486	88,119	76.03
76.04	03024	RADIATION ONCOLOGY	0	1,073	33,915	1,685,242	242,853	76.04
76.05	03025	MRI	0	1,153	45,061	747,449	107,712	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	14,363	372,061	53,616	76.07
76.08	03028	WOUND CARE	0	8,192	8,750	574,145	82,738	76.08
76.09	03029	RENAL DIALYSIS	0	0	10,921	924,853	133,277	76.09
76.10	03030	INFUSION	0	2,383	2,424	207,586	29,914	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
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Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
76.11	03031 CARE TRANSITION CENTER	0	0	0	21,953	3,164	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	44,529	282,696	13,433,477	1,935,845	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	176,604	6,451	28,683	4,894,450	705,320	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,033,845	693,117	2,418,276	158,131,367	19,759,675	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	148,649	21,421	190.00
190.01	19001 CONVENT	0	0	0	124,240	17,904	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	14	2	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	97,065	13,988	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	142,194	20,491	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	5,718,490	824,069	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	1,084	0	602,967	86,891	190.10
190.11	19011 CENTER OF HOPE	0	0	0	28,053	4,043	190.11
190.12	19012 SELECT	0	0	0	309,594	44,614	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	185	0	769,866	110,942	192.00
192.01	19201 WORKING WELL	0	690	0	585,042	84,308	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	164,466	23,701	194.01
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,033,845	695,076	2,418,276	166,822,007	21,012,049	202.00



COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	5,934,804					6.00
7.00	00700	OPERATION OF PLANT	322,993	4,665,672				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8,153	6,778	641,099			8.00
9.00	00900	HOUSEKEEPING	118,949	98,894	0	3,180,436		9.00
10.00	01000	DIETARY	113,564	94,418	0	65,853	1,222,180	10.00
11.00	01100	CAFETERIA	82,792	68,833	0	48,009	0	11.00
13.00	01300	NURSING ADMINISTRATION	77,915	64,779	0	45,181	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	115,402	95,946	0	66,919	0	14.00
15.00	01500	PHARMACY	56,290	46,800	0	32,641	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	204,930	170,379	0	118,834	0	16.00
17.00	01700	SOCIAL SERVICE	12,153	10,104	0	7,047	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	1,545,795	1,285,178	479,418	896,365	936,154	30.00
31.00	03100	INTENSIVE CARE UNIT	208,120	173,031	58,958	120,683	115,126	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	395,610	328,911	0	229,403	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	302,189	251,241	0	175,231	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	193,437	160,824	0	112,169	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	33,530	27,877	0	19,443	0	54.01
54.02	05402	ULTRASOUND	21,971	18,267	0	12,740	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	22,479	18,689	0	13,035	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	150,078	124,775	0	87,026	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	29,713	24,703	0	17,230	0	63.01
65.00	06500	RESPIRATORY THERAPY	59,620	49,569	0	34,572	0	65.00
66.00	06600	PHYSICAL THERAPY	154,252	128,245	0	89,447	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,251	11,848	0	8,264	0	67.00
68.00	06800	SPEECH PATHOLOGY	44,158	36,713	0	25,606	0	68.00
69.00	06900	ELECTROCARDIOLOGY	24,815	20,631	0	14,389	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	20,155	16,757	0	11,687	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	10,002	8,315	0	5,800	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	88,057	73,211	0	51,062	0	76.02
76.03	03023	CARDIAC REHAB	18,965	15,768	0	10,997	0	76.03
76.04	03024	RADIATION ONCOLOGY	197,621	164,303	0	114,595	0	76.04
76.05	03025	MRI	43,272	35,976	0	25,092	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028	WOUND CARE	70,660	58,747	0	40,974	0	76.08
76.09	03029	RENAL DIALYSIS	136,465	113,457	0	79,133	0	76.09
76.10	03030	INFUSION	7,180	5,969	0	4,163	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0	76.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00	09000	CLINIC	0	0	0	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0 90.01
91.00	09100	EMERGENCY	168,600	140,174	0	97,767	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	0 99.00
99.10	09910	CORF	0	0	0	0	0 99.10
101.00	10100	HOME HEALTH AGENCY	44,418	36,929	0	25,757	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,118,554	3,987,039	538,376	2,707,114	1,051,280 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	14,640	12,172	0	8,489	0 190.00
190.01	19001	CONVENT	122,733	102,041	0	71,170	0 190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0 190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0 190.03
190.04	19004	WOMEN'S HEALTH CENTER	12,413	10,320	0	7,198	0 190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0 190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0 190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0 190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0 190.08
190.09	19009	MDWISE	0	0	0	0	0 190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0 190.10
190.11	19011	CENTER OF HOPE	5,439	4,522	0	3,154	0 190.11
190.12	19012	SELECT	426,598	354,675	0	247,373	0 190.12
190.13	19013	PERCINI AS	0	0	0	0	0 190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	42,969	35,725	0	24,917	0 192.00
192.01	19201	WORKING WELL	0	0	0	0	0 192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0 193.00
194.01	07951	REHAB	191,458	159,178	102,723	111,021	170,900 194.01
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)	5,934,804	4,665,672	641,099	3,180,436	1,222,180 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part I Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,054,971					11.00
13.00	01300	68,094	7,259,451				13.00
14.00	01400	18,731	298,116	2,536,380			14.00
15.00	01500	49,252	0	2,625	6,052,735		15.00
16.00	01600	48,901	0	59	0	4,963,279	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	838	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	1,305	0	0	0	0	23.01
23.02	02302	1,418	0	0	0	0	23.02
23.03	02303	1,198	0	0	0	0	23.03
23.04	02304	8,765	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	297,373	94,237	134,756	7,869	428,899	30.00
31.00	03100	50,886	1,636,922	31,632	76	84,844	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	2,694	0	314,443	40.00
43.00	04300	0	0	0	0	8,542	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	31,220	1,004,444	48,331	19,506	198,158	50.00
50.01	05001	1,586	51,196	6,812	48	20,551	50.01
50.02	05002	22,304	502,901	26,307	1,309	84,834	50.02
51.00	05100	6,904	222,002	2,299	7	35,461	51.00
53.00	05300	6,537	0	8,247	36	101,490	53.00
54.00	05400	36,935	0	1,437	4	134,639	54.00
54.01	05401	11,717	0	22,294	1	110,118	54.01
54.02	05402	7,734	0	3,015	0	100,018	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	9,419	0	23,348	0	337,722	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	60	0	553,363	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	38,886	63.00
63.01	06301	4,043	0	296	234,609	64,309	63.01
65.00	06500	35,900	0	22,603	0	123,182	65.00
66.00	06600	38,158	0	1,175	0	55,246	66.00
67.00	06700	8,272	0	340	0	27,005	67.00
68.00	06800	4,071	0	708	0	13,196	68.00
69.00	06900	9,887	0	2,863	338	115,026	69.00
70.00	07000	5,477	0	1,795	0	23,486	70.00
71.00	07100	0	0	1,167,842	0	192,769	71.00
72.00	07200	0	0	882,660	0	63,944	72.00
73.00	07300	0	0	0	5,698,238	689,986	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	1,211	38,964	1,705	0	968	76.01
76.02	03022	14,458	465,297	26,151	2,461	150,803	76.02
76.03	03023	7,822	251,451	1,419	0	15,503	76.03
76.04	03024	12,793	0	3,981	2,135	69,598	76.04
76.05	03025	3,524	0	2,674	0	92,473	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	0	29,474	76.07
76.08	03028	7,350	0	2,915	10,402	17,956	76.08
76.09	03029	0	0	0	0	22,412	76.09
76.10	03030	1,114	0	8,243	0	4,974	76.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

Period:  
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03031 CARE TRANSITION CENTER	207	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	105,991	2,693,921	87,252	9,763	580,139	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	62,855	0	6,799	7,013	58,862	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,004,250	7,259,451	2,535,337	5,993,815	4,963,279	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,111	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	628	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	4,269	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	1,209	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	8,304	0	0	8,135	0	190.10
190.11	19011 CENTER OF HOPE	335	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	6,599	0	415	18,499	0	192.00
192.01	19201 WORKING WELL	4,516	0	0	32,286	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	23,378	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,054,971	7,259,451	2,536,380	6,052,735	4,963,279	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

Period:  
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To 12/31/2013

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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
			SERVICES-OTHER PRGM COSTS APPRV				
		17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500						15.00
16.00	01600						16.00
17.00	01700						17.00
22.00	02200	39,395	645,187				22.00
23.00	02300	0	0	854			23.00
23.01	02301	0	0	0	249,986		23.01
23.02	02302	0	0	0	0	318,532	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,397	6,388	0	0	0	30.00
31.00	03100	672	0	0	0	0	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	2,491	0	0	0	0	40.00
43.00	04300	68	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,569	0	0	0	0	50.00
50.01	05001	163	0	0	0	0	50.01
50.02	05002	672	0	0	0	0	50.02
51.00	05100	281	0	0	0	0	51.00
53.00	05300	804	0	0	0	0	53.00
54.00	05400	1,066	0	0	0	302,606	54.00
54.01	05401	872	0	0	0	6,370	54.01
54.02	05402	792	0	0	0	3,186	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	2,675	0	0	0	6,370	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	4,383	0	0	204,988	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	308	0	0	39,998	0	63.00
63.01	06301	509	0	0	5,000	0	63.01
65.00	06500	976	0	0	0	0	65.00
66.00	06600	438	0	0	0	0	66.00
67.00	06700	214	0	0	0	0	67.00
68.00	06800	105	0	0	0	0	68.00
69.00	06900	911	0	0	0	0	69.00
70.00	07000	186	0	0	0	0	70.00
71.00	07100	1,527	0	0	0	0	71.00
72.00	07200	506	0	0	0	0	72.00
73.00	07300	5,549	0	854	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	8	0	0	0	0	76.01
76.02	03022	1,194	0	0	0	0	76.02
76.03	03023	123	0	0	0	0	76.03
76.04	03024	551	0	0	0	0	76.04
76.05	03025	732	0	0	0	0	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	233	0	0	0	0	76.07
76.08	03028	142	0	0	0	0	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description			SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY		
				SERVICES-OTHER PRGM COSTS APPRV					
			17.00	22.00	23.00	23.01	23.02		
76.09	03029	RENAL DIALYSIS	178	0	0	0	0	0	76.09
76.10	03030	INFUSION	39	0	0	0	0	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	4,595	638,799	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART							92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	466	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	39,395	645,187	854	249,986	318,532		118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	0	190.12
190.13	19013	PERCINIAS	0	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	0	0	0	194.01
200.00		Cross Foot Adjustments		0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	39,395	645,187	854	249,986	318,532		202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
Date/Time Prepared:  
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Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED PRGM - LAB						23.01
23.02	02302	PARAMED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED PRGM - RESP THER	109,830					23.03
23.04	02304	PARAMED PRGM-PHARMACY	0	1,073,595				23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	27,656,538	-6,388	27,650,150	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,822,409	0	6,822,409	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	8,304,379	0	8,304,379	40.00
43.00	04300	NURSERY	0	0	1,479,802	0	1,479,802	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	5,952,677	0	5,952,677	50.00
50.01	05001	OPEN HEART SURGERY	0	0	470,405	0	470,405	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	3,906,593	0	3,906,593	50.02
51.00	05100	RECOVERY ROOM	0	0	943,960	0	943,960	51.00
53.00	05300	ANESTHESIOLOGY	0	0	8,901,376	0	8,901,376	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,343,204	0	3,343,204	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	3,365,095	0	3,365,095	54.01
54.02	05402	ULTRASOUND	0	0	1,257,352	0	1,257,352	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	1,732,520	0	1,732,520	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	7,957,233	0	7,957,233	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,080,992	0	1,080,992	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	1,373,204	0	1,373,204	63.01
65.00	06500	RESPIRATORY THERAPY	109,830	0	3,662,573	0	3,662,573	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,075,874	0	4,075,874	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,018,924	0	1,018,924	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	740,520	0	740,520	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	942,867	0	942,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	653,179	0	653,179	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	5,394,165	0	5,394,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	4,352,543	0	4,352,543	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,073,595	12,594,908	0	12,594,908	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	0	161,326	0	161,326	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	3,042,748	0	3,042,748	76.02
76.03	03023	CARDIAC REHAB	0	0	1,021,653	0	1,021,653	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	2,493,672	0	2,493,672	76.04
76.05	03025	MRI	0	0	1,058,904	0	1,058,904	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	455,384	0	455,384	76.07
76.08	03028	WOUND CARE	0	0	866,029	0	866,029	76.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B  
Part I  
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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
76.09	03029	RENAL DIALYSIS	0	0	1,409,775	0	1,409,775	76.09
76.10	03030	INFUSION	0	0	269,182	0	269,182	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	25,324	0	25,324	76.11
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	19,896,323	-638,799	19,257,524	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	5,842,869	0	5,842,869	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	109,830	1,073,595	154,526,481	-645,187	153,881,294	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	207,482	0	207,482	190.00
190.01	19001	CONVENT	0	0	438,716	0	438,716	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	16	0	16	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	111,053	0	111,053	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	196,885	0	196,885	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	6,543,768	0	6,543,768	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	706,297	0	706,297	190.10
190.11	19011	CENTER OF HOPE	0	0	45,546	0	45,546	190.11
190.12	19012	SELECT	0	0	1,382,854	0	1,382,854	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,009,932	0	1,009,932	192.00
192.01	19201	WORKING WELL	0	0	706,152	0	706,152	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	946,825	0	946,825	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	109,830	1,073,595	166,822,007	-645,187	166,176,820	202.00



ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	37,202	3,653	40,855	40,855 4.00
5.01 00510	COMMUNICATIONS	0	11,810	8,121	19,931	262 5.01
5.02 00511	DATA PROCESSING	0	59,268	960,203	1,019,471	0 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	15,050	4,347	19,397	219 5.03
5.04 00513	ADMITTING	0	34,354	0	34,354	503 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	0	284,735	56,523	341,258	3,000 5.05
6.00 00600	MAINTENANCE & REPAIRS	0	339,664	20,690	360,354	1,115 6.00
7.00 00700	OPERATION OF PLANT	0	234,405	6,202	240,607	213 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	5,917	80,023	85,940	0 8.00
9.00 00900	HOUSEKEEPING	0	86,325	8,240	94,565	957 9.00
10.00 01000	DIETARY	0	82,417	24,736	107,153	217 10.00
11.00 01100	CAFETERIA	0	60,084	0	60,084	297 11.00
13.00 01300	NURSING ADMINISTRATION	0	56,545	54,664	111,209	2,401 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	83,751	74,425	158,176	309 14.00
15.00 01500	PHARMACY	0	40,851	4,604	45,455	1,504 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	148,724	2,169	150,893	1,011 16.00
17.00 01700	SOCIAL SERVICE	0	8,820	0	8,820	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	14 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	0	0	47 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	45 23.02
23.03 02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	42 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	418 23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,121,828	755,218	1,877,046	7,033 30.00
31.00 03100	INTENSIVE CARE UNIT	0	151,038	63,898	214,936	1,544 31.00
32.00 02060	CORONARY CARE UNIT	0	0	0	0	0 32.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - I/PF	0	0	2,273	2,273	1,712 40.00
43.00 04300	NURSERY	0	0	0	0	507 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	287,105	202,276	489,381	819 50.00
50.01 05001	OPEN HEART SURGERY	0	0	20,224	20,224	87 50.01
50.02 05002	OUTPATIENT SURGERY	0	219,307	80,904	300,211	769 50.02
51.00 05100	RECOVERY ROOM	0	0	1,600	1,600	257 51.00
53.00 05300	ANESTHESIOLOGY	0	0	112,771	112,771	680 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	140,382	73,944	214,326	773 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	0	24,333	20,717	45,050	439 54.01
54.02 05402	ULTRASOUND	0	15,945	26,811	42,756	321 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	0	16,314	1,196	17,510	293 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	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	108,916	0	108,916	0 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
63.01 06301	NUCLEAR MEDICINE	0	21,563	79,784	101,347	198 63.01
65.00 06500	RESPIRATORY THERAPY	0	43,268	88,433	131,701	1,099 65.00
66.00 06600	PHYSICAL THERAPY	0	111,945	4,760	116,705	766 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	10,342	80	10,422	302 67.00
68.00 06800	SPEECH PATHOLOGY	0	32,047	2,835	34,882	165 68.00
69.00 06900	ELECTROCARDIOLOGY	0	18,009	14,270	32,279	235 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	14,627	24,013	38,640	181 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	85 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03021	ORTHOPEDICS	0	7,258	0	7,258	30 76.01
76.02 03022	CARDIOVASCULAR SERVICES	0	63,906	143,625	207,531	563 76.02
76.03 03023	CARDIAC REHAB	0	13,764	42,221	55,985	243 76.03
76.04 03024	RADIATION ONCOLOGY	0	143,419	254,916	398,335	481 76.04
76.05 03025	MRI	0	31,404	347,919	379,323	115 76.05
76.06 03026	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT		
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
76.08 03028 WOUND CARE	0	51,280	2,567	53,847	210	76.08	
76.09 03029 RENAL DIALYSIS	0	99,037	0	99,037	306	76.09	
76.10 03030 INFUSION	0	5,210	0	5,210	67	76.10	
76.11 03031 CARE TRANSITION CENTER	0	0	0	0	10	76.11	
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	122,358	43,042	165,400	5,333	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	0	32,235	1,105	33,340	1,954	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	0	4,496,762	3,720,002	8,216,764	40,151	118.00	
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,625	0	10,625	27	190.00	
190.01 19001 CONVENT	0	89,071	0	89,071	0	190.01	
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02	
190.03 19003 MEDICAL ARTS BUILDING	0	0	622	622	0	190.03	
190.04 19004 WOMEN'S HEALTH CENTER	0	9,008	0	9,008	56	190.04	
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09 19009 MDWISE	0	0	0	0	36	190.09	
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	2,018	2,018	247	190.10	
190.11 19011 CENTER OF HOPE	0	3,947	0	3,947	11	190.11	
190.12 19012 SELECT	0	309,594	0	309,594	0	190.12	
190.13 19013 PERCINI AS	0	0	0	0	0	190.13	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	31,184	1,746	32,930	155	192.00	
192.01 19201 WORKING WELL	0	0	50,401	50,401	172	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01 07951 REHAB	0	138,946	4,654	143,600	0	194.01	
200.00	Cross Foot Adjustments			0		200.00	
201.00	Negative Cost Centers			0		201.00	
202.00	TOTAL (sum lines 118-201)	0	5,089,137	3,779,443	8,868,580	40,855	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	20,193					5.01
5.02	00511	0	1,019,471				5.02
5.03	00512	286	33,095	52,997			5.03
5.04	00513	867	72,292	38	108,054		5.04
5.05	00560	2,520	303,381	1	0	650,160	5.05
6.00	00600	1,398	0	5	0	23,130	6.00
7.00	00700	612	0	0	0	16,925	7.00
8.00	00800	133	0	1,315	0	2,440	8.00
9.00	00900	143	0	26	0	11,546	9.00
10.00	01000	275	0	266	0	3,696	10.00
11.00	01100	0	0	0	0	3,334	11.00
13.00	01300	684	11,822	286	0	27,295	13.00
14.00	01400	347	0	3,321	0	7,566	14.00
15.00	01500	541	67,114	1,328	0	22,859	15.00
16.00	01600	173	255,675	1	0	17,227	16.00
17.00	01700	0	0	0	0	39	17.00
22.00	02200	0	0	0	0	2,511	22.00
23.00	02300	10	0	0	0	3	23.00
23.01	02301	10	0	0	0	969	23.01
23.02	02302	10	0	0	0	1,236	23.02
23.03	02303	10	0	0	0	423	23.03
23.04	02304	0	0	0	0	4,150	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,215	0	4,885	9,322	83,946	30.00
31.00	03100	510	0	1,414	1,844	16,920	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	60	6,834	31,119	40.00
43.00	04300	0	0	0	186	5,734	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,194	21,445	13,160	4,307	14,403	50.00
50.01	05001	0	0	1,258	447	1,520	50.01
50.02	05002	469	0	1,791	1,844	9,898	50.02
51.00	05100	0	0	91	771	2,639	51.00
53.00	05300	92	0	725	2,206	34,235	53.00
54.00	05400	867	58,869	41	2,926	9,354	54.00
54.01	05401	61	0	5,176	2,393	12,210	54.01
54.02	05402	133	0	252	2,174	4,247	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	502	7,340	5,062	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	469	136,433	1	12,027	26,629	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	459	0	0	845	3,904	63.00
63.01	06301	133	0	15	1,398	3,869	63.01
65.00	06500	275	0	1,096	2,677	12,574	65.00
66.00	06600	541	0	70	1,201	14,065	66.00
67.00	06700	122	0	63	587	3,698	67.00
68.00	06800	31	0	246	287	2,401	68.00
69.00	06900	143	0	64	2,500	2,939	69.00
70.00	07000	194	0	59	510	2,236	70.00
71.00	07100	0	0	0	4,190	15,714	71.00
72.00	07200	0	0	0	1,390	13,272	72.00
73.00	07300	0	0	0	15,175	19,981	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	0	202	21	368	76.01
76.02	03022	775	0	10,196	3,278	8,457	76.02
76.03	03023	31	0	29	337	2,727	76.03
76.04	03024	0	0	82	1,513	7,514	76.04
76.05	03025	0	0	88	2,010	3,333	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	641	1,659	76.07
76.08	03028	306	0	625	390	2,560	76.08
76.09	03029	0	0	0	487	4,124	76.09
76.10	03030	0	0	182	108	926	76.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
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Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5.02	5.03	5.04	5.05	
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	98	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	3,395	12,609	59,900	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	939	59,345	492	1,279	21,824	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	18,978	1,019,471	52,847	108,054	611,408	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	51	0	0	0	663	190.00
190.01	19001 CONVENT	337	0	0	0	554	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	433	190.03
190.04	19004 WOMEN'S HEALTH CENTER	51	0	0	0	634	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	25,499	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	61	0	83	0	2,689	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	125	190.11
190.12	19012 SELECT	0	0	0	0	1,380	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	429	0	14	0	3,433	192.00
192.01	19201 WORKING WELL	0	0	53	0	2,609	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	286	0	0	0	733	194.01
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)	20,193	1,019,471	52,997	108,054	650,160	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	386,002					6.00
7.00	00700	OPERATION OF PLANT	21,008	279,365				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	530	406	90,764			8.00
9.00	00900	HOUSEKEEPING	7,736	5,921	0	120,894		9.00
10.00	01000	DIETARY	7,386	5,653	0	2,503	127,149	10.00
11.00	01100	CAFETERIA	5,385	4,122	0	1,825	0	11.00
13.00	01300	NURSING ADMINISTRATION	5,068	3,879	0	1,717	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	7,506	5,745	0	2,544	0	14.00
15.00	01500	PHARMACY	3,661	2,802	0	1,241	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,329	10,202	0	4,517	0	16.00
17.00	01700	SOCIAL SERVICE	790	605	0	268	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	100,536	76,953	67,874	34,075	97,392	30.00
31.00	03100	INTENSIVE CARE UNIT	13,536	10,361	8,347	4,587	11,977	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	25,731	19,694	0	8,720	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	19,655	15,043	0	6,661	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	12,581	9,630	0	4,264	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,181	1,669	0	739	0	54.01
54.02	05402	ULTRASOUND	1,429	1,094	0	484	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,462	1,119	0	495	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,761	7,471	0	3,308	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	1,933	1,479	0	655	0	63.01
65.00	06500	RESPIRATORY THERAPY	3,878	2,968	0	1,314	0	65.00
66.00	06600	PHYSICAL THERAPY	10,033	7,679	0	3,400	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	927	709	0	314	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,872	2,198	0	973	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,614	1,235	0	547	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,311	1,003	0	444	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	651	498	0	220	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	5,727	4,384	0	1,941	0	76.02
76.03	03023	CARDIAC REHAB	1,234	944	0	418	0	76.03
76.04	03024	RADIATION ONCOLOGY	12,853	9,838	0	4,356	0	76.04
76.05	03025	MRI	2,814	2,154	0	954	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028	WOUND CARE	4,596	3,518	0	1,557	0	76.08
76.09	03029	RENAL DIALYSIS	8,876	6,793	0	3,008	0	76.09
76.10	03030	INFUSION	467	357	0	158	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0	76.11

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004			Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		6.00	7.00	8.00	9.00	10.00		
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	10,966	8,393	0	3,716	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,889	2,211	0	979	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	332,912	238,730	76,221	102,902	109,369	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	952	729	0	323	0	190.00
190.01	19001	CONVENT	7,983	6,110	0	2,705	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	807	618	0	274	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	354	271	0	120	0	190.11
190.12	19012	SELECT	27,746	21,237	0	9,403	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,795	2,139	0	947	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	12,453	9,531	14,543	4,220	17,780	194.01
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)	386,002	279,365	90,764	120,894	127,149	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	75,047					11.00
13.00	01300	4,844	169,205				13.00
14.00	01400	1,332	6,949	193,795			14.00
15.00	01500	3,504	0	201	150,210		15.00
16.00	01600	3,479	0	5	0	456,512	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	60	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	93	0	0	0	0	23.01
23.02	02302	101	0	0	0	0	23.02
23.03	02303	85	0	0	0	0	23.03
23.04	02304	624	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	21,152	2,197	10,296	195	39,461	30.00
31.00	03100	3,620	38,154	2,417	2	7,806	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	0	206	0	28,931	40.00
43.00	04300	0	0	0	0	786	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,221	23,412	3,693	484	18,232	50.00
50.01	05001	113	1,193	520	1	1,891	50.01
50.02	05002	1,587	11,722	2,010	32	7,805	50.02
51.00	05100	491	5,174	176	0	3,263	51.00
53.00	05300	465	0	630	1	9,338	53.00
54.00	05400	2,627	0	110	0	12,388	54.00
54.01	05401	834	0	1,703	0	10,132	54.01
54.02	05402	550	0	230	0	9,202	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	670	0	1,784	0	31,072	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	5	0	50,913	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	3,578	63.00
63.01	06301	288	0	23	5,822	5,917	63.01
65.00	06500	2,554	0	1,727	0	11,333	65.00
66.00	06600	2,714	0	90	0	5,083	66.00
67.00	06700	588	0	26	0	2,485	67.00
68.00	06800	290	0	54	0	1,214	68.00
69.00	06900	703	0	219	8	10,583	69.00
70.00	07000	390	0	137	0	2,161	70.00
71.00	07100	0	0	89,231	0	17,736	71.00
72.00	07200	0	0	67,439	0	5,883	72.00
73.00	07300	0	0	0	141,415	63,342	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	86	908	130	0	89	76.01
76.02	03022	1,029	10,845	1,998	61	13,875	76.02
76.03	03023	556	5,861	108	0	1,426	76.03
76.04	03024	910	0	304	53	6,403	76.04
76.05	03025	251	0	204	0	8,508	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	0	2,712	76.07
76.08	03028	523	0	223	258	1,652	76.08
76.09	03029	0	0	0	0	2,062	76.09
76.10	03030	79	0	630	0	458	76.10

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		CAFETERIA	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
		11.00	13.00	14.00	15.00	16.00	
76.11	03031 CARE TRANSITION CENTER	15	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	7,540	62,790	6,666	242	53,376	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,471	0	520	174	5,416	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	71,439	169,205	193,715	148,748	456,512	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	150	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	48	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	304	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	86	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	591	0	0	202	0	190.10
190.11	19011 CENTER OF HOPE	24	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	469	0	32	459	0	192.00
192.01	19201 WORKING WELL	321	0	0	801	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	1,663	0	0	0	0	194.01
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)	75,047	169,205	193,795	150,210	456,512	202.00



ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm		
Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
	17.00	22.00	23.00	23.01	23.02	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00
5.01	00510	COMMUNICATIONS				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
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	10,522			17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	2,585		22.00
23.00	02300	PARAMED PRGM - (SPECIFY)	0			23.00
23.01	02301	PARAMED PRGM - LAB	0		1,119	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0			23.02
23.03	02303	PARAMED PRGM - RESP THER	0			23.03
23.04	02304	PARAMED PRGM-PHARMACY	0			23.04
23.04	02304	PARAMED PRGM-PHARMACY	0			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	03000	ADULTS & PEDIATRICS	909			30.00
31.00	03100	INTENSIVE CARE UNIT	180			31.00
32.00	02060	CORONARY CARE UNIT	0			32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0			35.00
40.00	04000	SUBPROVIDER - IPF	666			40.00
43.00	04300	NURSERY	18			43.00
44.00	04400	SKILLED NURSING FACILITY	0			44.00
45.00	04500	NURSING FACILITY	0			45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000	OPERATING ROOM	420			50.00
50.01	05001	OPEN HEART SURGERY	44			50.01
50.02	05002	OUTPATIENT SURGERY	180			50.02
51.00	05100	RECOVERY ROOM	75			51.00
53.00	05300	ANESTHESIOLOGY	215			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	285			54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	233			54.01
54.02	05402	ULTRASOUND	212			54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0			55.00
55.01	05501	COMPUTED TOMOGRAPHY	715			55.01
57.00	05700	CT SCAN	0			57.00
58.00	05800	MRI	0			58.00
59.00	05900	CARDIAC CATHETERIZATION	0			59.00
60.00	06000	LABORATORY	1,172			60.00
60.01	06001	BLOOD LABORATORY	0			60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	82			63.00
63.01	06301	NUCLEAR MEDICINE	136			63.01
65.00	06500	RESPIRATORY THERAPY	261			65.00
66.00	06600	PHYSICAL THERAPY	117			66.00
67.00	06700	OCCUPATIONAL THERAPY	57			67.00
68.00	06800	SPEECH PATHOLOGY	28			68.00
69.00	06900	ELECTROCARDIOLOGY	244			69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	50			70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	408			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	135			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,471			73.00
76.00	03020	PAIN CLINIC	0			76.00
76.01	03021	ORTHOPEDICS	2			76.01
76.02	03022	CARDIOVASCULAR SERVICES	319			76.02
76.03	03023	CARDIAC REHAB	33			76.03
76.04	03024	RADIATION ONCOLOGY	147			76.04
76.05	03025	MRI	196			76.05
76.06	03026	BARIATRIC CENTER	0			76.06
76.07	03027	PSYCH ACTIVITY THERAPY	62			76.07
76.08	03028	WOUND CARE	38			76.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
76.09	03029 RENAL DIALYSIS	47					76.09
76.10	03030 INFUSION	11					76.10
76.11	03031 CARE TRANSITION CENTER	0					76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00	09000 CLINIC	0					90.00
90.01	09001 OCC HEALTH CLINIC	0					90.01
91.00	09100 EMERGENCY	1,229					91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0					99.00
99.10	09910 CORF	0					99.10
101.00	10100 HOME HEALTH AGENCY	125					101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	10,522	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01	19001 CONVENT	0					190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0					190.02
190.03	19003 MEDICAL ARTS BUILDING	0					190.03
190.04	19004 WOMEN'S HEALTH CENTER	0					190.04
190.05	19005 DEVELOPMENT	0					190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07	19007 IMAGE RECOVERY	0					190.07
190.08	19008 FAMILY SERVICES	0					190.08
190.09	19009 MDWISE	0					190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0					190.10
190.11	19011 CENTER OF HOPE	0					190.11
190.12	19012 SELECT	0					190.12
190.13	19013 PERCINI AS	0					190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01	19201 WORKING WELL	0					192.01
193.00	19300 NONPAID WORKERS	0					193.00
194.01	07951 REHAB	0					194.01
200.00	Cross Foot Adjustments		2,585	13	1,119	1,392	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	10,522	2,585	13	1,119	1,392	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm		
Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
			23.03	23.04	24.00	25.00	26.00
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)					23.00
23.01	02301	PARAMED PRGM - LAB					23.01
23.02	02302	PARAMED PRGM - RADIOLOGY					23.02
23.03	02303	PARAMED PRGM - RESPTHER	560				23.03
23.04	02304	PARAMED PRGM-PHARMACY		5,192			23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS			2,436,487	0	30.00
31.00	03100	INTENSIVE CARE UNIT			338,155	0	31.00
32.00	02060	CORONARY CARE UNIT			0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			0	0	35.00
40.00	04000	SUBPROVIDER - IPF			71,801	0	40.00
43.00	04300	NURSERY			7,231	0	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	44.00
45.00	04500	NURSING FACILITY			0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM			647,316	0	50.00
50.01	05001	OPEN HEART SURGERY			27,298	0	50.01
50.02	05002	OUTPATIENT SURGERY			379,677	0	50.02
51.00	05100	RECOVERY ROOM			14,537	0	51.00
53.00	05300	ANESTHESIOLOGY			161,358	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			329,041	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES			82,820	0	54.01
54.02	05402	ULTRASOUND			63,084	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY			68,024	0	55.01
57.00	05700	CT SCAN			0	0	57.00
58.00	05800	MRI			0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00	06000	LABORATORY			357,105	0	60.00
60.01	06001	BLOOD LABORATORY			0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			8,868	0	63.00
63.01	06301	NUCLEAR MEDICINE			123,213	0	63.01
65.00	06500	RESPIRATORY THERAPY			173,457	0	65.00
66.00	06600	PHYSICAL THERAPY			162,464	0	66.00
67.00	06700	OCCUPATIONAL THERAPY			20,300	0	67.00
68.00	06800	SPEECH PATHOLOGY			45,641	0	68.00
69.00	06900	ELECTROCARDIOLOGY			53,313	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			47,316	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			127,279	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			88,119	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			241,469	0	73.00
76.00	03020	PAIN CLINIC			0	0	76.00
76.01	03021	ORTHOPEDICS			10,463	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES			270,979	0	76.02
76.03	03023	CARDIAC REHAB			69,932	0	76.03
76.04	03024	RADIATION ONCOLOGY			442,789	0	76.04
76.05	03025	MRI			399,950	0	76.05
76.06	03026	BARIATRIC CENTER			0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY			5,074	0	76.07
76.08	03028	WOUND CARE			70,303	0	76.08

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet B Part II Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
76.09	03029	RENAL DIALYSIS			124,740	0	124,740	76.09
76.10	03030	INFUSION			8,653	0	8,653	76.10
76.11	03031	CARE TRANSITION CENTER			123	0	123	76.11
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000	CLINIC			0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC			0	0	0	90.01
91.00	09100	EMERGENCY			401,555	0	401,555	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART				0		92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC			0	0	0	99.00
99.10	09910	CORF			0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY			135,958	0	135,958	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	8,015,892	0	8,015,892	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			13,520	0	13,520	190.00
190.01	19001	CONVENT			106,808	0	106,808	190.01
190.02	19002	HOME MEDICAL EQUIPMENT			0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING			1,055	0	1,055	190.03
190.04	19004	WOMEN'S HEALTH CENTER			11,752	0	11,752	190.04
190.05	19005	DEVELOPMENT			0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES			0	0	0	190.06
190.07	19007	IMAGE RECOVERY			0	0	0	190.07
190.08	19008	FAMILY SERVICES			0	0	0	190.08
190.09	19009	MDWISE			25,621	0	25,621	190.09
190.10	19010	CATHERINE MCAULEY CLINIC			5,891	0	5,891	190.10
190.11	19011	CENTER OF HOPE			4,852	0	4,852	190.11
190.12	19012	SELECT			369,360	0	369,360	190.12
190.13	19013	PERCINI AS			0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES			43,802	0	43,802	192.00
192.01	19201	WORKING WELL			54,357	0	54,357	192.01
193.00	19300	NONPAID WORKERS			0	0	0	193.00
194.01	07951	REHAB			204,809	0	204,809	194.01
200.00		Cross Foot Adjustments	560	5,192	10,861	0	10,861	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	560	5,192	8,868,580	0	8,868,580	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT	648,548				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,714,192			2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4,741	3,590	61,741,738		4.00
5.01	00510	COMMUNICATIONS	1,505	7,981	395,663	1,319,341	5.01
5.02	00511	DATA PROCESSING	7,553	943,625	0	0	1,056,600
5.03	00512	PURCHASING, RECEIVING AND STORES	1,918	4,272	330,586	18,667	34,300
5.04	00513	ADMINISTRATIVE	4,378	0	760,162	56,667	74,925
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	36,286	55,547	4,532,174	164,668	314,430
6.00	00600	MAINTENANCE & REPAIRS	43,286	20,333	1,684,505	91,334	0
7.00	00700	OPERATION OF PLANT	29,872	6,095	321,243	40,000	0
8.00	00800	LAUNDRY & LINEN SERVICE	754	78,641	0	8,667	0
9.00	00900	HOUSEKEEPING	11,001	8,098	1,445,521	9,333	0
10.00	01000	DIETARY	10,503	24,309	327,418	18,000	0
11.00	01100	CAFETERIA	7,657	0	449,070	0	0
13.00	01300	NURSING ADMINISTRATION	7,206	53,720	3,626,966	44,667	12,253
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	73,140	466,362	22,667	0
15.00	01500	PHARMACY	5,206	4,525	2,271,172	35,334	69,558
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	2,132	1,526,971	11,333	264,987
17.00	01700	SOCIAL SERVICE	1,124	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	20,880	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	667	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	71,230	667	0
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	67,295	667	0
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0	64,082	667	0
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	632,005	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	142,963	742,179	10,653,377	209,999	0
31.00	03100	INTENSIVE CARE UNIT	19,248	62,795	2,332,189	33,334	0
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	2,234	2,585,807	0	0
43.00	04300	NURSERY	0	0	766,148	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,588	198,784	1,236,822	78,000	22,226
50.01	05001	OPEN HEART SURGERY	0	19,875	130,876	0	0
50.02	05002	OUTPATIENT SURGERY	27,948	79,507	1,161,685	30,667	0
51.00	05100	RECOVERY ROOM	0	1,572	388,749	0	0
53.00	05300	ANESTHESIOLOGY	0	110,824	1,026,574	6,000	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,890	72,667	1,168,070	56,667	61,013
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,101	20,359	662,990	4,000	0
54.02	05402	ULTRASOUND	2,032	26,348	484,677	8,667	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	2,079	1,175	442,771	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	13,880	0	0	30,667	141,402
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	30,000	0
63.01	06301	NUCLEAR MEDICINE	2,748	78,407	299,237	8,667	0
65.00	06500	RESPIRATORY THERAPY	5,514	86,906	1,660,082	18,000	0
66.00	06600	PHYSICAL THERAPY	14,266	4,678	1,157,482	35,334	0
67.00	06700	OCCUPATIONAL THERAPY	1,318	79	455,856	8,000	0
68.00	06800	SPEECH PATHOLOGY	4,084	2,786	249,026	2,000	0
69.00	06900	ELECTROCARDIOLOGY	2,295	14,024	355,634	9,333	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	23,598	273,886	12,667	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	127,772	0	0
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03021	ORTHOPEDICS	925	0	45,801	0	0
76.02	03022	CARDIOVASCULAR SERVICES	8,144	141,145	850,445	50,667	0
76.03	03023	CARDIAC REHAB	1,754	41,492	367,127	2,000	0
76.04	03024	RADIATION ONCOLOGY	18,277	250,515	726,075	0	0
76.05	03025	MRI	4,002	341,912	174,039	0	0
76.06	03026	BARIATRIC CENTER	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00	4.00	5.01	5.02	
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03028	WOUND CARE	6,535	2,523	317,577	20,000	76.08
76.09	03029	RENAL DIALYSIS	12,621	0	461,564	0	76.09
76.10	03030	INFUSION	664	0	100,571	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	15,214	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	15,593	42,299	8,055,920	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	4,108	1,086	2,951,703	61,334	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	573,057	3,655,777	60,679,051	1,240,008	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	40,573	3,333	190.00
190.01	19001	CONVENT	11,351	0	0	22,000	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	611	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	1,148	0	84,593	3,333	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	190.08
190.09	19009	MDWSE	0	0	55,108	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	1,983	372,976	4,000	190.10
190.11	19011	CENTER OF HOPE	503	0	16,733	0	190.11
190.12	19012	SELECT	39,454	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,974	1,716	233,635	28,000	192.00
192.01	19201	WORKING WELL	0	49,531	259,069	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.01	07951	REHAB	17,707	4,574	0	18,667	194.01
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)	5,089,137	3,779,443	27,204,782	1,474,744	3,033,845
203.00		Unit cost multiplier (Wkst. B, Part I)	7.846970	1.017568	0.440622	1.117788	2.871328
204.00		Cost to be allocated (per Wkst. B, Part II)			40,855	20,193	1,019,471
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000662	0.015305	0.964860

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512	8,676,212					5.03
5.04	00513	6,294	457,095,603				5.04
5.05	00560	114	0	-21,012,049	145,809,958		5.05
6.00	00600	897	0	0	5,187,285	548,881	6.00
7.00	00700	0	0	0	3,795,696	29,872	7.00
8.00	00800	215,270	0	0	547,299	754	8.00
9.00	00900	4,318	0	0	2,589,439	11,001	9.00
10.00	01000	43,532	0	0	828,896	10,503	10.00
11.00	01100	0	0	0	747,603	7,657	11.00
13.00	01300	46,782	0	0	6,121,358	7,206	13.00
14.00	01400	543,675	0	0	1,696,754	10,673	14.00
15.00	01500	217,457	0	0	5,126,384	5,206	15.00
16.00	01600	198	0	0	3,863,432	18,953	16.00
17.00	01700	0	0	0	8,820	1,124	17.00
22.00	02200	0	0	0	563,190	0	22.00
23.00	02300	0	0	0	746	0	23.00
23.01	02301	0	0	0	217,358	0	23.01
23.02	02302	0	0	0	277,172	0	23.02
23.03	02303	0	0	0	94,949	0	23.03
23.04	02304	0	0	0	930,709	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	799,804	39,500,699	0	18,827,582	142,963	30.00
31.00	03100	231,467	7,814,005	0	3,794,630	19,248	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	9,838	28,959,604	0	6,979,031	0	40.00
43.00	04300	0	786,663	0	1,285,888	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	2,154,058	18,249,944	0	3,230,055	36,588	50.00
50.01	05001	206,038	1,892,721	0	340,920	0	50.01
50.02	05002	293,187	7,813,002	0	2,219,729	27,948	50.02
51.00	05100	14,927	3,265,855	0	591,734	0	51.00
53.00	05300	118,774	9,347,044	0	7,677,839	0	53.00
54.00	05400	6,683	12,399,959	0	2,097,784	17,890	54.00
54.01	05401	847,381	10,141,681	0	2,738,272	3,101	54.01
54.02	05402	41,227	9,211,455	0	952,385	2,032	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	82,143	31,103,564	0	1,135,195	2,079	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	203	50,963,644	0	5,971,964	13,880	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	3,581,361	0	875,618	0	63.00
63.01	06301	2,526	5,922,697	0	867,745	2,748	63.01
65.00	06500	179,494	11,344,770	0	2,819,949	5,514	65.00
66.00	06600	11,480	5,088,054	0	3,154,352	14,266	66.00
67.00	06700	10,263	2,487,106	0	829,233	1,318	67.00
68.00	06800	40,278	1,215,368	0	538,379	4,084	68.00
69.00	06900	10,554	10,593,627	0	659,036	2,295	69.00
70.00	07000	9,617	2,162,999	0	501,384	1,864	70.00
71.00	07100	19	17,753,639	0	3,524,173	0	71.00
72.00	07200	0	5,889,155	0	2,976,501	0	72.00
73.00	07300	0	63,533,576	0	4,480,954	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	33,104	89,196	0	82,469	925	76.01
76.02	03022	1,669,209	13,888,677	0	1,896,725	8,144	76.02
76.03	03023	4,822	1,427,840	0	611,486	1,754	76.03
76.04	03024	13,392	6,409,863	0	1,685,242	18,277	76.04
76.05	03025	14,395	8,516,613	0	747,449	4,002	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	2,714,541	0	372,061	0	76.07
76.08	03028	102,254	1,653,692	0	574,145	6,535	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
76.09	03029 RENAL DIALYSIS	0	2,064,125	0	924,853	12,621	76.09
76.10	03030 INFUSION	29,741	458,102	0	207,586	664	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	21,953	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	555,823	53,429,676	0	13,433,477	15,593	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	80,521	5,421,086	0	4,894,450	4,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	8,651,759	457,095,603	-21,012,049	137,119,318	473,390	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	148,649	1,354	190.00
190.01	19001 CONVENT	0	0	0	124,240	11,351	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	14	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	97,065	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	142,194	1,148	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	5,718,490	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	13,536	0	0	602,967	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	28,053	503	190.11
190.12	19012 SELECT	0	0	0	309,594	39,454	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,308	0	0	769,866	3,974	192.00
192.01	19201 WORKING WELL	8,609	0	0	585,042	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	164,466	17,707	194.01
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)	695,076	2,418,276		21,012,049	5,934,804	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.080113	0.005291		0.144106	10.812551	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	52,997	108,054		650,160	386,002	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.006108	0.000236		0.004459	0.703253	205.00



COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	519,009				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	754	817,033			8.00
9.00	00900	HOUSEKEEPING	11,001	0	507,254		9.00
10.00	01000	DIETARY	10,503	0	10,503	217,332	10.00
11.00	01100	CAFETERIA	7,657	0	7,657	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,206	0	7,206	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	14.00
15.00	01500	PHARMACY	5,206	0	5,206	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	16.00
17.00	01700	SOCIAL SERVICE	1,124	0	1,124	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPIRATORY	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	142,963	610,983	142,963	166,470	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	75,137	19,248	20,472	31.00
32.00	02060	CORONARY CARE UNIT	0	0	0	0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	36,588	0	36,588	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	0	27,948	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,890	0	17,890	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,101	0	3,101	0	54.01
54.02	05402	ULTRASOUND	2,032	0	2,032	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	0	2,079	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	13,880	0	13,880	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	0	2,748	0	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	0	5,514	0	65.00
66.00	06600	PHYSICAL THERAPY	14,266	0	14,266	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	1,318	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	0	4,084	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	0	2,295	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	0	1,864	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	925	0	925	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,144	0	8,144	0	76.02
76.03	03023	CARDIAC REHAB	1,754	0	1,754	0	76.03
76.04	03024	RADIATION ONCOLOGY	18,277	0	18,277	0	76.04
76.05	03025	MRI	4,002	0	4,002	0	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03028	WOUND CARE	6,535	0	6,535	0	76.08
76.09	03029	RENAL DIALYSIS	12,621	0	12,621	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		7.00	8.00	9.00	10.00	11.00	
76.10	03030 INFUSION	664	0	664	0	1,645	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	305	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	0	15,593	0	156,527	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	0	4,108	0	92,824	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	443,518	686,120	431,763	186,942	1,483,065	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,354	0	1,354	0	3,118	190.00
190.01	19001 CONVENT	11,351	0	11,351	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	1,148	0	6,305	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	1,786	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	12,263	190.10
190.11	19011 CENTER OF HOPE	503	0	503	0	495	190.11
190.12	19012 SELECT	39,454	0	39,454	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	0	3,974	0	9,745	192.00
192.01	19201 WORKING WELL	0	0	0	0	6,669	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	130,913	17,707	30,390	34,524	194.01
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)	4,665,672	641,099	3,180,436	1,222,180	1,054,971	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.989578	0.784667	6.269908	5.623562	0.677145	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	279,365	90,764	120,894	127,149	75,047	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.538266	0.111090	0.238330	0.585045	0.048170	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	16,023					13.00
14.00	01400	658	8,463,632				14.00
15.00	01500	0	8,758	4,549,212			15.00
16.00	01600	0	198	0	457,095,603		16.00
17.00	01700	0	0	0	0	457,095,603	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	0	0	0	0	0	23.01
23.02	02302	0	0	0	0	0	23.02
23.03	02303	0	0	0	0	0	23.03
23.04	02304	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	208	449,667	5,914	39,500,699	39,500,699	30.00
31.00	03100	3,613	105,553	57	7,814,005	7,814,005	31.00
32.00	02060	0	0	0	0	0	32.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	0	8,988	0	28,959,604	28,959,604	40.00
43.00	04300	0	0	0	786,663	786,663	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,217	161,277	14,661	18,249,944	18,249,944	50.00
50.01	05001	113	22,731	36	1,892,721	1,892,721	50.01
50.02	05002	1,110	87,784	984	7,813,002	7,813,002	50.02
51.00	05100	490	7,672	5	3,265,855	3,265,855	51.00
53.00	05300	0	27,518	27	9,347,044	9,347,044	53.00
54.00	05400	0	4,794	3	12,399,959	12,399,959	54.00
54.01	05401	0	74,393	1	10,141,681	10,141,681	54.01
54.02	05402	0	10,062	0	9,211,455	9,211,455	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	77,910	0	31,103,564	31,103,564	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	199	0	50,963,644	50,963,644	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	3,581,361	3,581,361	63.00
63.01	06301	0	989	176,331	5,922,697	5,922,697	63.01
65.00	06500	0	75,424	0	11,344,770	11,344,770	65.00
66.00	06600	0	3,921	0	5,088,054	5,088,054	66.00
67.00	06700	0	1,135	0	2,487,106	2,487,106	67.00
68.00	06800	0	2,364	0	1,215,368	1,215,368	68.00
69.00	06900	0	9,552	254	10,593,627	10,593,627	69.00
70.00	07000	0	5,990	0	2,162,999	2,162,999	70.00
71.00	07100	0	3,896,965	0	17,753,639	17,753,639	71.00
72.00	07200	0	2,945,341	0	5,889,155	5,889,155	72.00
73.00	07300	0	0	4,282,773	63,533,576	63,533,576	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	86	5,689	0	89,196	89,196	76.01
76.02	03022	1,027	87,263	1,850	13,888,677	13,888,677	76.02
76.03	03023	555	4,735	0	1,427,840	1,427,840	76.03
76.04	03024	0	13,284	1,605	6,409,863	6,409,863	76.04
76.05	03025	0	8,924	0	8,516,613	8,516,613	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	2,714,541	2,714,541	76.07
76.08	03028	0	9,727	7,818	1,653,692	1,653,692	76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		NURSING ADMINISTRATION  (DIRECT NRS ING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQ UIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE  (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
76.09	03029 RENAL DIALYSIS	0	0	0	2,064,125	2,064,125	76.09
76.10	03030 INFUSION	0	27,506	0	458,102	458,102	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	5,946	291,149	7,338	53,429,676	53,429,676	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	22,689	5,271	5,421,086	5,421,086	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	16,023	8,460,151	4,504,928	457,095,603	457,095,603	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	2,097	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	6,114	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINIAS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,384	13,904	0	0	192.00
192.01	19201 WORKING WELL	0	0	24,266	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,259,451	2,536,380	6,052,735	4,963,279	39,395	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	453.064407	0.299680	1.330502	0.010858	0.000086	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	169,205	193,795	150,210	456,512	10,522	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	10.560132	0.022897	0.033019	0.000999	0.000023	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.01 00510 COMMUNICATIONS						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03
5.04 00513 ADMINITTING						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
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
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	101					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		764				23.00
23.01 02301 PARAMED PRGM - LAB		0	177,707			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY		0	0	179,458		23.02
23.03 02303 PARAMED PRGM - RESPTHER		0	0	0	114,230	23.03
23.04 02304 PARAMED PRGM-PHARMACY		0	0	0	0	23.04
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	1	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 02060 CORONARY CARE UNIT	0	0	0	0	0	32.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	0	54.01
54.02 05402 ULTRASOUND	0	0	0	1,795	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	3,589	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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	145,720	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	3,554	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	114,230	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	764	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03025 MRI	0	0	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0	76.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	101	764	177,707	179,458	114,230	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
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)	645,187	854	249,986	318,532	109,830	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	6,387.990099	1.117801	1.406731	1.774967	0.961481	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	2,585	13	1,119	1,392	560	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	25.594059	0.017016	0.006297	0.007757	0.004902	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1  
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Cost Center Description		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	4.00
5.01	00510	COMMUNICATIONS	5.01
5.02	00511	DATA PROCESSING	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	5.03
5.04	00513	ADMINISTRATIVE	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	5.05
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
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM - (SPECIFY)	23.00
23.01	02301	PARAMED PRGM - LAB	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	23.02
23.03	02303	PARAMED PRGM - RESPIRATORY	23.03
23.04	02304	PARAMED PRGM-PHARMACY	23.04
		715,898	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	02060	CORONARY CARE UNIT	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OPEN HEART SURGERY	50.01
50.02	05002	OUTPATIENT SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	COMPUTED TOMOGRAPHY	55.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
63.01	06301	NUCLEAR MEDICINE	63.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
		715,898	
76.00	03020	PAIN CLINIC	76.00
76.01	03021	ORTHOPEDICS	76.01
76.02	03022	CARDIOVASCULAR SERVICES	76.02
76.03	03023	CARDIAC REHAB	76.03
76.04	03024	RADIATION ONCOLOGY	76.04
76.05	03025	MRI	76.05
76.06	03026	BARIATRIC CENTER	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	76.07
76.08	03028	WOUND CARE	76.08
76.09	03029	RENAL DIALYSIS	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
76.10	03030 INFUSION	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	76.11
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 CONVENT	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	0	190.07
190.08	19008 FAMILY SERVICES	0	190.08
190.09	19009 MDWISE	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	190.10
190.11	19011 CENTER OF HOPE	0	190.11
190.12	19012 SELECT	0	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 WORKING WELL	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	0	194.01
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)	1,073,595	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.499648	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	5,192	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007252	205.00



COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 4:12 pm
			Title XVIII	Hospital	PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		
			Total Costs	RCE Disallowance	Total Costs
	1.00	2.00	3.00	4.00	5.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		27,650,150	0	27,650,150
31.00	03100 INTENSIVE CARE UNIT		6,822,409	0	6,822,409
32.00	02060 CORONARY CARE UNIT		0	0	0
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0	0	0
40.00	04000 SUBPROVIDER - IPF		8,304,379	0	8,304,379
43.00	04300 NURSERY		1,479,802	0	1,479,802
44.00	04400 SKILLED NURSING FACILITY		0	0	0
45.00	04500 NURSING FACILITY		0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM		5,952,677	3,867	5,956,544
50.01	05001 OPEN HEART SURGERY		470,405	24,859	495,264
50.02	05002 OUTPATIENT SURGERY		3,906,593	0	3,906,593
51.00	05100 RECOVERY ROOM		943,960	0	943,960
53.00	05300 ANESTHESIOLOGY		8,901,376	0	8,901,376
54.00	05400 RADIOLOGY-DIAGNOSTIC		3,343,204	0	3,343,204
54.01	05401 RADIOLOGY SPECIAL PROCEDURES		3,365,095	0	3,365,095
54.02	05402 ULTRASOUND		1,257,352	0	1,257,352
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0
55.01	05501 COMPUTED TOMOGRAPHY		1,732,520	0	1,732,520
57.00	05700 CT SCAN		0	0	0
58.00	05800 MRI		0	0	0
59.00	05900 CARDIAC CATHETERIZATION		0	0	0
60.00	06000 LABORATORY		7,957,233	17,357	7,974,590
60.01	06001 BLOOD LABORATORY		0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		1,080,992	0	1,080,992
63.01	06301 NUCLEAR MEDICINE		1,373,204	0	1,373,204
65.00	06500 RESPIRATORY THERAPY	0	3,662,573	931	3,663,504
66.00	06600 PHYSICAL THERAPY	0	4,075,874	0	4,075,874
67.00	06700 OCCUPATIONAL THERAPY	0	1,018,924	0	1,018,924
68.00	06800 SPEECH PATHOLOGY	0	740,520	0	740,520
69.00	06900 ELECTROCARDIOLOGY		942,867	0	942,867
70.00	07000 ELECTROENCEPHALOGRAPHY		653,179	4,223	657,402
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT		5,394,165	0	5,394,165
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS		4,352,543	0	4,352,543
73.00	07300 DRUGS CHARGED TO PATIENTS		12,594,908	0	12,594,908
76.00	03020 PAIN CLINIC		0	0	0
76.01	03021 ORTHOPEDICS		161,326	0	161,326
76.02	03022 CARDIOVASCULAR SERVICES		3,042,748	52,902	3,095,650
76.03	03023 CARDIAC REHAB		1,021,653	0	1,021,653
76.04	03024 RADIATION ONCOLOGY		2,493,672	0	2,493,672
76.05	03025 MRI		1,058,904	0	1,058,904
76.06	03026 BARIATRIC CENTER		0	0	0
76.07	03027 PSYCH ACTIVITY THERAPY		455,384	0	455,384
76.08	03028 WOUND CARE		866,029	0	866,029
76.09	03029 RENAL DIALYSIS		1,409,775	0	1,409,775
76.10	03030 INFUSION		269,182	0	269,182
76.11	03031 CARE TRANSITION CENTER		25,324	0	25,324
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC		0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0
90.00	09000 CLINIC		0	0	0
90.01	09001 OCC HEALTH CLINIC		0	0	0
91.00	09100 EMERGENCY		19,257,524	44,850	19,302,374
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		4,226,049	0	4,226,049
<b>OTHER REIMBURSABLE COST CENTERS</b>					
99.00	09900 CMHC		0	0	0
99.10	09910 CORF		0	0	0
101.00	10100 HOME HEALTH AGENCY		5,842,869	0	5,842,869
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300 INTEREST EXPENSE		0	0	0
200.00	Subtotal (see instructions)		158,107,343	148,989	158,256,332
201.00	Less Observation Beds		4,226,049	0	4,226,049
202.00	Total (see instructions)		153,881,294	148,989	154,030,283

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
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		Title XVIIII			Hospital	PPS	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,605,998		33,605,998		30.00
31.00	03100	INTENSIVE CARE UNIT	7,814,005		7,814,005		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	28,959,604		28,959,604		40.00
43.00	04300	NURSERY	786,663		786,663		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,961,313	10,288,631	18,249,944	0.326175	50.00
50.01	05001	OPEN HEART SURGERY	1,892,721	0	1,892,721	0.248534	50.01
50.02	05002	OUTPATIENT SURGERY	3,336,398	4,476,604	7,813,002	0.500012	50.02
51.00	05100	RECOVERY ROOM	1,469,821	1,796,034	3,265,855	0.289039	51.00
53.00	05300	ANESTHESIOLOGY	4,089,740	5,257,304	9,347,044	0.952320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,049,934	8,350,025	12,399,959	0.269614	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,937,622	6,204,059	10,141,681	0.331808	54.01
54.02	05402	ULTRASOUND	3,154,366	6,057,089	9,211,455	0.136499	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,174,388	19,929,176	31,103,564	0.055702	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,253,227	23,710,417	50,963,644	0.156135	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,242,784	1,338,577	3,581,361	0.301838	63.00
63.01	06301	NUCLEAR MEDICINE	1,829,743	4,092,954	5,922,697	0.231855	63.01
65.00	06500	RESPIRATORY THERAPY	10,279,627	1,065,143	11,344,770	0.322842	65.00
66.00	06600	PHYSICAL THERAPY	3,209,547	1,878,507	5,088,054	0.801067	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,166,810	320,296	2,487,106	0.409683	67.00
68.00	06800	SPEECH PATHOLOGY	952,967	262,401	1,215,368	0.609297	68.00
69.00	06900	ELECTROCARDIOLOGY	5,906,784	4,686,843	10,593,627	0.089003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,916	2,115,083	2,162,999	0.301978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,254,905	5,498,734	17,753,639	0.303834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,430,812	2,458,343	5,889,155	0.739078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,067,332	17,466,244	63,533,576	0.198240	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03021	ORTHOPEDI CS	14,818	74,378	89,196	1.808669	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,016,664	5,872,013	13,888,677	0.219081	76.02
76.03	03023	CARDIAC REHAB	385,251	1,042,589	1,427,840	0.715523	76.03
76.04	03024	RADIATION ONCOLOGY	493,400	5,916,463	6,409,863	0.389037	76.04
76.05	03025	MRI	3,448,437	5,068,176	8,516,613	0.124334	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	2,714,541	0	2,714,541	0.167757	76.07
76.08	03028	WOUND CARE	15,541	1,638,151	1,653,692	0.523694	76.08
76.09	03029	RENAL DIALYSIS	2,020,317	43,808	2,064,125	0.682989	76.09
76.10	03030	INFUSION	0	458,102	458,102	0.587603	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	13,416,557	40,013,119	53,429,676	0.360427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,635,450	4,259,251	5,894,701	0.716923	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,421,086	5,421,086		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	260,036,003	197,059,600	457,095,603		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	260,036,003	197,059,600	457,095,603		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 4:12 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	02060 CORONARY CARE UNIT			32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT			35.00
40.00	04000 SUBPROVIDER - IPF			40.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
	<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0.326387		50.00
50.01	05001 OPEN HEART SURGERY	0.261668		50.01
50.02	05002 OUTPATIENT SURGERY	0.500012		50.02
51.00	05100 RECOVERY ROOM	0.289039		51.00
53.00	05300 ANESTHESIOLOGY	0.952320		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.269614		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.331808		54.01
54.02	05402 ULTRASOUND	0.136499		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055702		55.01
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.156476		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301838		63.00
63.01	06301 NUCLEAR MEDICINE	0.231855		63.01
65.00	06500 RESPIRATORY THERAPY	0.322924		65.00
66.00	06600 PHYSICAL THERAPY	0.801067		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409683		67.00
68.00	06800 SPEECH PATHOLOGY	0.609297		68.00
69.00	06900 ELECTROCARDIOLOGY	0.089003		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303931		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.739078		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198240		73.00
76.00	03020 PAIN CLINIC	0.000000		76.00
76.01	03021 ORTHOPEDICS	1.808669		76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.222890		76.02
76.03	03023 CARDIAC REHAB	0.715523		76.03
76.04	03024 RADIATION ONCOLOGY	0.389037		76.04
76.05	03025 MRI	0.124334		76.05
76.06	03026 BARIATRIC CENTER	0.000000		76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.167757		76.07
76.08	03028 WOUND CARE	0.523694		76.08
76.09	03029 RENAL DIALYSIS	0.682989		76.09
76.10	03030 INFUSION	0.587603		76.10
76.11	03031 CARE TRANSITION CENTER	0.000000		76.11
	<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 OCC HEALTH CLINIC	0.000000		90.01
91.00	09100 EMERGENCY	0.361267		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.716923		92.00
	<b>OTHER REIMBURSABLE COST CENTERS</b>			
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
	<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000 ADULTS & PEDIATRICS	27,650,150		27,650,150	0	27,650,150	30.00
31.00	03100 INTENSIVE CARE UNIT	6,822,409		6,822,409	0	6,822,409	31.00
32.00	02060 CORONARY CARE UNIT	0		0	0	0	32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0		0	0	0	35.00
40.00	04000 SUBPROVIDER - IPF	8,304,379		8,304,379	0	8,304,379	40.00
43.00	04300 NURSERY	1,479,802		1,479,802	0	1,479,802	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500 NURSING FACILITY	0		0	0	0	45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	5,952,677		5,952,677	3,867	5,956,544	50.00
50.01	05001 OPEN HEART SURGERY	470,405		470,405	24,859	495,264	50.01
50.02	05002 OUTPATIENT SURGERY	3,906,593		3,906,593	0	3,906,593	50.02
51.00	05100 RECOVERY ROOM	943,960		943,960	0	943,960	51.00
53.00	05300 ANESTHESIOLOGY	8,901,376		8,901,376	0	8,901,376	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,343,204		3,343,204	0	3,343,204	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	3,365,095		3,365,095	0	3,365,095	54.01
54.02	05402 ULTRASOUND	1,257,352		1,257,352	0	1,257,352	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0		0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,732,520		1,732,520	0	1,732,520	55.01
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	7,957,233		7,957,233	17,357	7,974,590	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,080,992		1,080,992	0	1,080,992	63.00
63.01	06301 NUCLEAR MEDICINE	1,373,204		1,373,204	0	1,373,204	63.01
65.00	06500 RESPIRATORY THERAPY	3,662,573	0	3,662,573	931	3,663,504	65.00
66.00	06600 PHYSICAL THERAPY	4,075,874	0	4,075,874	0	4,075,874	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,018,924	0	1,018,924	0	1,018,924	67.00
68.00	06800 SPEECH PATHOLOGY	740,520	0	740,520	0	740,520	68.00
69.00	06900 ELECTROCARDIOLOGY	942,867		942,867	0	942,867	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	653,179		653,179	4,223	657,402	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	5,394,165		5,394,165	0	5,394,165	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	4,352,543		4,352,543	0	4,352,543	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	12,594,908		12,594,908	0	12,594,908	73.00
76.00	03020 PAIN CLINIC	0		0	0	0	76.00
76.01	03021 ORTHOPEDICS	161,326		161,326	0	161,326	76.01
76.02	03022 CARDIOVASCULAR SERVICES	3,042,748		3,042,748	52,902	3,095,650	76.02
76.03	03023 CARDIAC REHAB	1,021,653		1,021,653	0	1,021,653	76.03
76.04	03024 RADIATION ONCOLOGY	2,493,672		2,493,672	0	2,493,672	76.04
76.05	03025 MRI	1,058,904		1,058,904	0	1,058,904	76.05
76.06	03026 BARIATRIC CENTER	0		0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	455,384		455,384	0	455,384	76.07
76.08	03028 WOUND CARE	866,029		866,029	0	866,029	76.08
76.09	03029 RENAL DIALYSIS	1,409,775		1,409,775	0	1,409,775	76.09
76.10	03030 INFUSION	269,182		269,182	0	269,182	76.10
76.11	03031 CARE TRANSITION CENTER	25,324		25,324	0	25,324	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
90.00	09000 CLINIC	0		0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0		0	0	0	90.01
91.00	09100 EMERGENCY	19,257,524		19,257,524	44,850	19,302,374	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	4,226,049		4,226,049	0	4,226,049	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,842,869		5,842,869	0	5,842,869	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300 INTEREST EXPENSE	0		0	0	0	113.00
200.00	Subtotal (see instructions)	158,107,343	0	158,107,343	148,989	158,256,332	200.00
201.00	Less Observation Beds	4,226,049		4,226,049	0	4,226,049	201.00
202.00	Total (see instructions)	153,881,294	0	153,881,294	148,989	154,030,283	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	33,605,998		33,605,998		30.00
31.00	03100	INTENSIVE CARE UNIT	7,814,005		7,814,005		31.00
32.00	02060	CORONARY CARE UNIT	0		0		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0		35.00
40.00	04000	SUBPROVIDER - IPF	28,959,604		28,959,604		40.00
43.00	04300	NURSERY	786,663		786,663		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	7,961,313	10,288,631	18,249,944	0.326175	50.00
50.01	05001	OPEN HEART SURGERY	1,892,721	0	1,892,721	0.248534	50.01
50.02	05002	OUTPATIENT SURGERY	3,336,398	4,476,604	7,813,002	0.500012	50.02
51.00	05100	RECOVERY ROOM	1,469,821	1,796,034	3,265,855	0.289039	51.00
53.00	05300	ANESTHESIOLOGY	4,089,740	5,257,304	9,347,044	0.952320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,049,934	8,350,025	12,399,959	0.269614	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,937,622	6,204,059	10,141,681	0.331808	54.01
54.02	05402	ULTRASOUND	3,154,366	6,057,089	9,211,455	0.136499	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	11,174,388	19,929,176	31,103,564	0.055702	55.01
57.00	05700	CT SCAN	0	0	0	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	59.00
60.00	06000	LABORATORY	27,253,227	23,710,417	50,963,644	0.156135	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,242,784	1,338,577	3,581,361	0.301838	63.00
63.01	06301	NUCLEAR MEDICINE	1,829,743	4,092,954	5,922,697	0.231855	63.01
65.00	06500	RESPIRATORY THERAPY	10,279,627	1,065,143	11,344,770	0.322842	65.00
66.00	06600	PHYSICAL THERAPY	3,209,547	1,878,507	5,088,054	0.801067	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,166,810	320,296	2,487,106	0.409683	67.00
68.00	06800	SPEECH PATHOLOGY	952,967	262,401	1,215,368	0.609297	68.00
69.00	06900	ELECTROCARDIOLOGY	5,906,784	4,686,843	10,593,627	0.089003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,916	2,115,083	2,162,999	0.301978	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,254,905	5,498,734	17,753,639	0.303834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,430,812	2,458,343	5,889,155	0.739078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	46,067,332	17,466,244	63,533,576	0.198240	73.00
76.00	03020	PAIN CLINIC	0	0	0	0.000000	76.00
76.01	03021	ORTHOPEDI CS	14,818	74,378	89,196	1.808669	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,016,664	5,872,013	13,888,677	0.219081	76.02
76.03	03023	CARDIAC REHAB	385,251	1,042,589	1,427,840	0.715523	76.03
76.04	03024	RADIATION ONCOLOGY	493,400	5,916,463	6,409,863	0.389037	76.04
76.05	03025	MRI	3,448,437	5,068,176	8,516,613	0.124334	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	2,714,541	0	2,714,541	0.167757	76.07
76.08	03028	WOUND CARE	15,541	1,638,151	1,653,692	0.523694	76.08
76.09	03029	RENAL DIALYSIS	2,020,317	43,808	2,064,125	0.682989	76.09
76.10	03030	INFUSION	0	458,102	458,102	0.587603	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0.000000	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0.000000	90.01
91.00	09100	EMERGENCY	13,416,557	40,013,119	53,429,676	0.360427	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	1,635,450	4,259,251	5,894,701	0.716923	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	5,421,086	5,421,086		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	260,036,003	197,059,600	457,095,603		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	260,036,003	197,059,600	457,095,603		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet C Part I Date/Time Prepared: 5/28/2014 4:12 pm
Cost Center Description		PPS Inpatient Ratio 11.00	Title XIX	Hospital
				Cost
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS		30.00
31.00	03100	INTENSIVE CARE UNIT		31.00
32.00	02060	CORONARY CARE UNIT		32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		35.00
40.00	04000	SUBPROVIDER - IPF		40.00
43.00	04300	NURSERY		43.00
44.00	04400	SKILLED NURSING FACILITY		44.00
45.00	04500	NURSING FACILITY		45.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0.326387	50.00
50.01	05001	OPEN HEART SURGERY	0.261668	50.01
50.02	05002	OUTPATIENT SURGERY	0.500012	50.02
51.00	05100	RECOVERY ROOM	0.289039	51.00
53.00	05300	ANESTHESIOLOGY	0.952320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269614	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.331808	54.01
54.02	05402	ULTRASOUND	0.136499	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.055702	55.01
57.00	05700	CT SCAN	0.000000	57.00
58.00	05800	MRI	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	59.00
60.00	06000	LABORATORY	0.156476	60.00
60.01	06001	BLOOD LABORATORY	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.301838	63.00
63.01	06301	NUCLEAR MEDICINE	0.231855	63.01
65.00	06500	RESPIRATORY THERAPY	0.322924	65.00
66.00	06600	PHYSICAL THERAPY	0.801067	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409683	67.00
68.00	06800	SPEECH PATHOLOGY	0.609297	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089003	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303931	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.739078	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198240	73.00
76.00	03020	PAIN CLINIC	0.000000	76.00
76.01	03021	ORTHOPEDICS	1.808669	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.222890	76.02
76.03	03023	CARDIAC REHAB	0.715523	76.03
76.04	03024	RADIATION ONCOLOGY	0.389037	76.04
76.05	03025	MRI	0.124334	76.05
76.06	03026	BARIATRIC CENTER	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.167757	76.07
76.08	03028	WOUND CARE	0.523694	76.08
76.09	03029	RENAL DIALYSIS	0.682989	76.09
76.10	03030	INFUSION	0.587603	76.10
76.11	03031	CARE TRANSITION CENTER	0.000000	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	89.00
90.00	09000	CLINIC	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	90.01
91.00	09100	EMERGENCY	0.361267	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.716923	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
99.00	09900	CMHC		99.00
99.10	09910	CORF		99.10
101.00	10100	HOME HEALTH AGENCY		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
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: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part I Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,436,487	0	2,436,487	33,918	71.83	30.00
31.00	INTENSIVE CARE UNIT	338,155		338,155	3,594	94.09	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00
40.00	SUBPROVIDER - IPF	71,801	0	71,801	9,202	7.80	40.00
43.00	NURSERY	7,231		7,231	1,024	7.06	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	2,853,674		2,853,674	47,738		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	16,240	1,166,519		30.00
31.00	INTENSIVE CARE UNIT	2,067	194,484		31.00
32.00	CORONARY CARE UNIT	0	0		32.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0		35.00
40.00	SUBPROVIDER - IPF	1,387	10,819		40.00
43.00	NURSERY	0	0		43.00
44.00	SKILLED NURSING FACILITY	0	0		44.00
45.00	NURSING FACILITY	0	0		45.00
200.00	Total (Lines 30-199)	19,694	1,371,822		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 4:12 pm	
Title XVIII			Hospital		PPS			
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	647,316	18,249,944	0.035469	3,306,523	117,279	50.00
50.01	05001	OPEN HEART SURGERY	27,298	1,892,721	0.014423	1,029,626	14,850	50.01
50.02	05002	OUTPATIENT SURGERY	379,677	7,813,002	0.048596	1,934,945	94,031	50.02
51.00	05100	RECOVERY ROOM	14,537	3,265,855	0.004451	768,446	3,420	51.00
53.00	05300	ANESTHESIOLOGY	161,358	9,347,044	0.017263	1,793,690	30,964	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	329,041	12,399,959	0.026536	2,230,584	59,191	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	82,820	10,141,681	0.008166	2,408,316	19,666	54.01
54.02	05402	ULTRASOUND	63,084	9,211,455	0.006848	1,666,920	11,415	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	68,024	31,103,564	0.002187	5,411,658	11,835	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	357,105	50,963,644	0.007007	13,685,959	95,898	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,868	3,581,361	0.002476	1,178,598	2,918	63.00
63.01	06301	NUCLEAR MEDICINE	123,213	5,922,697	0.020804	944,278	19,645	63.01
65.00	06500	RESPIRATORY THERAPY	173,457	11,344,770	0.015290	6,122,858	93,618	65.00
66.00	06600	PHYSICAL THERAPY	162,464	5,088,054	0.031930	1,032,941	32,982	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,300	2,487,106	0.008162	419,022	3,420	67.00
68.00	06800	SPEECH PATHOLOGY	45,641	1,215,368	0.037553	281,234	10,561	68.00
69.00	06900	ELECTROCARDIOLOGY	53,313	10,593,627	0.005033	3,173,097	15,970	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,316	2,162,999	0.021875	6,460	141	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	127,279	17,753,639	0.007169	6,830,784	48,970	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,119	5,889,155	0.014963	2,054,908	30,748	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,469	63,533,576	0.003801	25,277,170	96,079	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021	ORTHOPEDICS	10,463	89,196	0.117303	3,087	362	76.01
76.02	03022	CARDIOVASCULAR SERVICES	270,979	13,888,677	0.019511	4,573,454	89,233	76.02
76.03	03023	CARDIAC REHAB	69,932	1,427,840	0.048977	210,980	10,333	76.03
76.04	03024	RADIATION ONCOLOGY	442,789	6,409,863	0.069079	225,872	15,603	76.04
76.05	03025	MRI	399,950	8,516,613	0.046961	1,422,886	66,820	76.05
76.06	03026	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	5,074	2,714,541	0.001869	0	0	76.07
76.08	03028	WOUND CARE	70,303	1,653,692	0.042513	0	0	76.08
76.09	03029	RENAL DIALYSIS	124,740	2,064,125	0.060432	1,335,150	80,686	76.09
76.10	03030	INFUSION	8,653	458,102	0.018889	0	0	76.10
76.11	03031	CARE TRANSITION CENTER	123	0	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	401,555	53,429,676	0.007516	4,092,224	30,757	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	372,391	5,894,701	0.063174	892,674	56,394	92.00
200.00		Total (lines 50-199)	5,398,651	380,508,247		94,314,344	1,163,789	200.00



APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part III Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description			Title XVIII				Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)			
			1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0		31.00	
32.00	02060	CORONARY CARE UNIT	0	0	0	0	0		32.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0		35.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0		40.00
43.00	04300	NURSERY	0	0	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0		45.00	
200.00		Total (lines 30-199)	0	0	0	0	0		200.00	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)				
			6.00	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	33,918	0.00	16,240	0	0		30.00	
31.00	03100	INTENSIVE CARE UNIT	3,594	0.00	2,067	0	0		31.00	
32.00	02060	CORONARY CARE UNIT	0	0.00	0	0	0		32.00	
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0	0		35.00	
40.00	04000	SUBPROVIDER - IPF	9,202	0.00	1,387	0	0		40.00	
43.00	04300	NURSERY	1,024	0.00	0	0	0		43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0		44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0		45.00	
200.00		Total (lines 30-199)	47,738		19,694	0	0		200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description		Title XVIII				Hospital		PPS	
		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	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	302,606	0	302,606	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	6,370	0	6,370	0	54.01
54.02	05402	ULTRASOUND	0	0	3,186	0	3,186	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	6,370	0	6,370	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	204,988	0	204,988	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	39,998	0	39,998	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	5,000	0	5,000	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	109,830	0	109,830	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	1,074,449	0	1,074,449	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDI CS	0	0	0	0	0	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	0	0	0	0	76.02
76.03	03023	CARDIAC REHAB	0	0	0	0	0	0	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	0	0	0	0	76.04
76.05	03025	MRI	0	0	0	0	0	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0	0	76.07
76.08	03028	WOUND CARE	0	0	0	0	0	0	76.08
76.09	03029	RENAL DIALYSIS	0	0	0	0	0	0	76.09
76.10	03030	INFUSION	0	0	0	0	0	0	76.10
76.11	03031	CARE TRANSITION CENTER	0	0	0	0	0	0	76.11
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	1,752,797	0	1,752,797	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	18,249,944	0.000000	0.000000	3,306,523	50.00
50.01 05001 OPEN HEART SURGERY	0	1,892,721	0.000000	0.000000	1,029,626	50.01
50.02 05002 OUTPATIENT SURGERY	0	7,813,002	0.000000	0.000000	1,934,945	50.02
51.00 05100 RECOVERY ROOM	0	3,265,855	0.000000	0.000000	768,446	51.00
53.00 05300 ANESTHESIOLOGY	0	9,347,044	0.000000	0.000000	1,793,690	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	302,606	12,399,959	0.024404	0.024404	2,230,584	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,370	10,141,681	0.000628	0.000628	2,408,316	54.01
54.02 05402 ULTRASOUND	3,186	9,211,455	0.000346	0.000346	1,666,920	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	6,370	31,103,564	0.000205	0.000205	5,411,658	55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	204,988	50,963,644	0.004022	0.004022	13,685,959	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	39,998	3,581,361	0.011168	0.011168	1,178,598	63.00
63.01 06301 NUCLEAR MEDICINE	5,000	5,922,697	0.000844	0.000844	944,278	63.01
65.00 06500 RESPIRATORY THERAPY	109,830	11,344,770	0.009681	0.009681	6,122,858	65.00
66.00 06600 PHYSICAL THERAPY	0	5,088,054	0.000000	0.000000	1,032,941	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,487,106	0.000000	0.000000	419,022	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,215,368	0.000000	0.000000	281,234	68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,593,627	0.000000	0.000000	3,173,097	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,162,999	0.000000	0.000000	6,460	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,753,639	0.000000	0.000000	6,830,784	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0.000000	0.000000	2,054,908	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,074,449	63,533,576	0.016912	0.016912	25,277,170	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 03021 ORTHOPEDICS	0	89,196	0.000000	0.000000	3,087	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	13,888,677	0.000000	0.000000	4,573,454	76.02
76.03 03023 CARDIAC REHAB	0	1,427,840	0.000000	0.000000	210,980	76.03
76.04 03024 RADIATION ONCOLOGY	0	6,409,863	0.000000	0.000000	225,872	76.04
76.05 03025 MRI	0	8,516,613	0.000000	0.000000	1,422,886	76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,714,541	0.000000	0.000000	0	76.07
76.08 03028 WOUND CARE	0	1,653,692	0.000000	0.000000	0	76.08
76.09 03029 RENAL DIALYSIS	0	2,064,125	0.000000	0.000000	1,335,150	76.09
76.10 03030 INFUSION	0	458,102	0.000000	0.000000	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0.000000	0.000000	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	53,429,676	0.000000	0.000000	4,092,224	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0.000000	892,674	92.00
200.00 Total (lines 50-199)	1,752,797	380,508,247			94,314,344	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	2,862,488	0		50.00
50.01	05001 OPEN HEART SURGERY	0	0	0		50.01
50.02	05002 OUTPATIENT SURGERY	0	1,113,202	0		50.02
51.00	05100 RECOVERY ROOM	0	907,814	0		51.00
53.00	05300 ANESTHESIOLOGY	0	1,515,274	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	54,435	1,751,027	42,732		54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	1,512	3,925,682	2,465		54.01
54.02	05402 ULTRASOUND	577	1,365,619	473		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
55.01	05501 COMPUTED TOMOGRAPHY	1,109	5,390,374	1,105		55.01
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	55,045	608,180	2,446		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	13,163	125,958	1,407		63.00
63.01	06301 NUCLEAR MEDICINE	797	1,702,022	1,437		63.01
65.00	06500 RESPIRATORY THERAPY	59,275	455,216	4,407		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	13,864	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,589,164	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,123,386	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,444,953	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,464,964	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	427,487	7,505,448	126,932		73.00
76.00	03020 PAIN CLINIC	0	0	0		76.00
76.01	03021 ORTHOPEDICS	0	8,709	0		76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	2,807,270	0		76.02
76.03	03023 CARDIAC REHAB	0	400,195	0		76.03
76.04	03024 RADIATION ONCOLOGY	0	3,159,400	0		76.04
76.05	03025 MRI	0	1,608,502	0		76.05
76.06	03026 BARIATRIC CENTER	0	0	0		76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0		76.07
76.08	03028 WOUND CARE	0	249	0		76.08
76.09	03029 RENAL DIALYSIS	0	0	0		76.09
76.10	03030 INFUSION	0	0	0		76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0		76.11
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0		90.01
91.00	09100 EMERGENCY	0	4,490,806	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	1,356,833	0		92.00
200.00	Total (lines 50-199)	613,400	49,696,599	183,404		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:12 pm			
		Title XVIII	Hospital	PPS			
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.326175	2,862,488	0	0	933,672	50.00
50.01	05001 OPEN HEART SURGERY	0.248534	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.500012	1,113,202	0	0	556,614	50.02
51.00	05100 RECOVERY ROOM	0.289039	907,814	0	0	262,394	51.00
53.00	05300 ANESTHESIOLOGY	0.952320	1,515,274	0	0	1,443,026	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.269614	1,751,027	0	0	472,101	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.331808	3,925,682	0	0	1,302,573	54.01
54.02	05402 ULTRASOUND	0.136499	1,365,619	0	0	186,406	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055702	5,390,374	0	0	300,255	55.01
57.00	05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800 MRI	0.000000	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000 LABORATORY	0.156135	608,180	0	0	94,958	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301838	125,958	0	0	38,019	63.00
63.01	06301 NUCLEAR MEDICINE	0.231855	1,702,022	0	0	394,622	63.01
65.00	06500 RESPIRATORY THERAPY	0.322842	455,216	0	0	146,963	65.00
66.00	06600 PHYSICAL THERAPY	0.801067	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409683	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.609297	13,864	0	0	8,447	68.00
69.00	06900 ELECTROCARDIOLOGY	0.089003	1,589,164	0	0	141,440	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.301978	1,123,386	0	0	339,238	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834	2,444,953	0	0	742,860	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.739078	1,464,964	0	0	1,082,723	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198240	7,505,448	0	0	1,487,880	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03021 ORTHOPEDICS	1.808669	8,709	0	0	15,752	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.219081	2,807,270	0	0	615,020	76.02
76.03	03023 CARDIAC REHAB	0.715523	400,195	0	0	286,349	76.03
76.04	03024 RADIATION ONCOLOGY	0.389037	3,159,400	0	0	1,229,123	76.04
76.05	03025 MRI	0.124334	1,608,502	0	0	199,991	76.05
76.06	03026 BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.167757	0	0	0	0	76.07
76.08	03028 WOUND CARE	0.523694	249	0	0	130	76.08
76.09	03029 RENAL DIALYSIS	0.682989	0	0	0	0	76.09
76.10	03030 INFUSION	0.587603	0	0	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0.000000	0	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100 EMERGENCY	0.360427	4,490,806	0	0	1,618,608	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.716923	1,356,833	0	0	972,745	92.00
200.00	Subtotal (see instructions)		49,696,599	0	0	14,871,909	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		49,696,599	0	0	14,871,909	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part V Date/Time Prepared: 5/28/2014 4:12 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
50.01 05001 OPEN HEART SURGERY	0	0		50.01
50.02 05002 OUTPATIENT SURGERY	0	0		50.02
51.00 05100 RECOVERY ROOM	0	0		51.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0		54.01
54.02 05402 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0		55.01
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MRI	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
63.01 06301 NUCLEAR MEDICINE	0	0		63.01
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
76.00 03020 PAIN CLINIC	0	0		76.00
76.01 03021 ORTHOPEDICS	0	0		76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0		76.02
76.03 03023 CARDIAC REHAB	0	0		76.03
76.04 03024 RADIATION ONCOLOGY	0	0		76.04
76.05 03025 MRI	0	0		76.05
76.06 03026 BARIATRIC CENTER	0	0		76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0		76.07
76.08 03028 WOUND CARE	0	0		76.08
76.09 03029 RENAL DIALYSIS	0	0		76.09
76.10 03030 INFUSION	0	0		76.10
76.11 03031 CARE TRANSITION CENTER	0	0		76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 OCC HEALTH CLINIC	0	0		90.01
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0		92.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 4:12 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	647,316	18,249,944	0.035469	2,431	86	50.00
50.01	05001	OPEN HEART SURGERY	27,298	1,892,721	0.014423	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	379,677	7,813,002	0.048596	0	0	50.02
51.00	05100	RECOVERY ROOM	14,537	3,265,855	0.004451	0	0	51.00
53.00	05300	ANESTHESIOLOGY	161,358	9,347,044	0.017263	1,138	20	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	329,041	12,399,959	0.026536	7,168	190	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	82,820	10,141,681	0.008166	375	3	54.01
54.02	05402	ULTRASOUND	63,084	9,211,455	0.006848	1,317	9	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	68,024	31,103,564	0.002187	27,386	60	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	357,105	50,963,644	0.007007	301,018	2,109	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,868	3,581,361	0.002476	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	123,213	5,922,697	0.020804	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	173,457	11,344,770	0.015290	12,253	187	65.00
66.00	06600	PHYSICAL THERAPY	162,464	5,088,054	0.031930	3,986	127	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,300	2,487,106	0.008162	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	45,641	1,215,368	0.037553	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	53,313	10,593,627	0.005033	43,432	219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,316	2,162,999	0.021875	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	127,279	17,753,639	0.007169	21,480	154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,119	5,889,155	0.014963	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	241,469	63,533,576	0.003801	584,965	2,223	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021	ORTHOPEDI CS	10,463	89,196	0.117303	0	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	270,979	13,888,677	0.019511	0	0	76.02
76.03	03023	CARDIAC REHAB	69,932	1,427,840	0.048977	0	0	76.03
76.04	03024	RADIATION ONCOLOGY	442,789	6,409,863	0.069079	0	0	76.04
76.05	03025	MRI	399,950	8,516,613	0.046961	10,323	485	76.05
76.06	03026	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	5,074	2,714,541	0.001869	291,226	544	76.07
76.08	03028	WOUND CARE	70,303	1,653,692	0.042513	0	0	76.08
76.09	03029	RENAL DIALYSIS	124,740	2,064,125	0.060432	0	0	76.09
76.10	03030	INFUSION	8,653	458,102	0.018889	0	0	76.10
76.11	03031	CARE TRANSITION CENTER	123	0	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	401,555	53,429,676	0.007516	158,279	1,190	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0	0	92.00
200.00		Total (lines 50-199)	5,026,260	380,508,247		1,466,777	7,606	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVIII	Subprovider - IPF

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	302,606	0	302,606	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	6,370	0	6,370	54.01
54.02 05402 ULTRASOUND	0	0	3,186	0	3,186	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	6,370	0	6,370	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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	204,988	0	204,988	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	39,998	0	39,998	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	5,000	0	5,000	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	109,830	0	109,830	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	1,074,449	0	1,074,449	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03025 MRI	0	0	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,752,797	0	1,752,797	200.00



APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	18,249,944	0.000000	0.000000	2,431 50.00
50.01 05001 OPEN HEART SURGERY	0	1,892,721	0.000000	0.000000	0 50.01
50.02 05002 OUTPATIENT SURGERY	0	7,813,002	0.000000	0.000000	0 50.02
51.00 05100 RECOVERY ROOM	0	3,265,855	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	9,347,044	0.000000	0.000000	1,138 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	302,606	12,399,959	0.024404	0.024404	7,168 54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,370	10,141,681	0.000628	0.000628	375 54.01
54.02 05402 ULTRASOUND	3,186	9,211,455	0.000346	0.000346	1,317 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
55.01 05501 COMPUTED TOMOGRAPHY	6,370	31,103,564	0.000205	0.000205	27,386 55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	204,988	50,963,644	0.004022	0.004022	301,018 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	39,998	3,581,361	0.011168	0.011168	0 63.00
63.01 06301 NUCLEAR MEDICINE	5,000	5,922,697	0.000844	0.000844	0 63.01
65.00 06500 RESPIRATORY THERAPY	109,830	11,344,770	0.009681	0.009681	12,253 65.00
66.00 06600 PHYSICAL THERAPY	0	5,088,054	0.000000	0.000000	3,986 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,487,106	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,215,368	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,593,627	0.000000	0.000000	43,432 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,162,999	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,753,639	0.000000	0.000000	21,480 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,074,449	63,533,576	0.016912	0.016912	584,965 73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0 76.00
76.01 03021 ORTHOPEDICS	0	89,196	0.000000	0.000000	0 76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	13,888,677	0.000000	0.000000	0 76.02
76.03 03023 CARDIAC REHAB	0	1,427,840	0.000000	0.000000	0 76.03
76.04 03024 RADIATION ONCOLOGY	0	6,409,863	0.000000	0.000000	0 76.04
76.05 03025 MRI	0	8,516,613	0.000000	0.000000	10,323 76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0 76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,714,541	0.000000	0.000000	291,226 76.07
76.08 03028 WOUND CARE	0	1,653,692	0.000000	0.000000	0 76.08
76.09 03029 RENAL DIALYSIS	0	2,064,125	0.000000	0.000000	0 76.09
76.10 03030 INFUSION	0	458,102	0.000000	0.000000	0 76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0.000000	0.000000	0 76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0 90.01
91.00 09100 EMERGENCY	0	53,429,676	0.000000	0.000000	158,279 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	1,752,797	380,508,247			1,466,777 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Inpatient Program	Outpatient Program	Outpatient Program	
	Pass-Through Costs (col. 8 x col. 10)	Charges	Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	175	0	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02 05402 ULTRASOUND	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	6	0	0	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	1,211	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	119	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,893	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	76.04
76.05 03025 MRI	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	76.09
76.10 03030 INFUSION	0	0	0	76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Total (lines 50-199)	11,404	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D Part II Date/Time Prepared: 5/28/2014 4:12 pm	
		Component CCN: 15S004		Title XIX		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	647,316	18,249,944	0.035469	0	0	50.00
50.01	05001 OPEN HEART SURGERY	27,298	1,892,721	0.014423	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	379,677	7,813,002	0.048596	0	0	50.02
51.00	05100 RECOVERY ROOM	14,537	3,265,855	0.004451	0	0	51.00
53.00	05300 ANESTHESIOLOGY	161,358	9,347,044	0.017263	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	329,041	12,399,959	0.026536	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	82,820	10,141,681	0.008166	0	0	54.01
54.02	05402 ULTRASOUND	63,084	9,211,455	0.006848	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	68,024	31,103,564	0.002187	0	0	55.01
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	357,105	50,963,644	0.007007	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	8,868	3,581,361	0.002476	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	123,213	5,922,697	0.020804	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	173,457	11,344,770	0.015290	0	0	65.00
66.00	06600 PHYSICAL THERAPY	162,464	5,088,054	0.031930	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	20,300	2,487,106	0.008162	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	45,641	1,215,368	0.037553	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	53,313	10,593,627	0.005033	52,863	266	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	47,316	2,162,999	0.021875	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	127,279	17,753,639	0.007169	252	2	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	88,119	5,889,155	0.014963	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	241,469	63,533,576	0.003801	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021 ORTHOPEDICS	10,463	89,196	0.117303	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	270,979	13,888,677	0.019511	0	0	76.02
76.03	03023 CARDIAC REHAB	69,932	1,427,840	0.048977	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	442,789	6,409,863	0.069079	0	0	76.04
76.05	03025 MRI	399,950	8,516,613	0.046961	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	5,074	2,714,541	0.001869	685,717	1,282	76.07
76.08	03028 WOUND CARE	70,303	1,653,692	0.042513	0	0	76.08
76.09	03029 RENAL DIALYSIS	124,740	2,064,125	0.060432	0	0	76.09
76.10	03030 INFUSION	8,653	458,102	0.018889	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	123	0	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100 EMERGENCY	401,555	53,429,676	0.007516	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0	0	92.00
200.00	Total (lines 50-199)	5,026,260	380,508,247		738,832	1,550	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	302,606	0	302,606	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	6,370	0	6,370	54.01
54.02	05402 ULTRASOUND	0	0	3,186	0	3,186	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	6,370	0	6,370	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	204,988	0	204,988	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	39,998	0	39,998	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	5,000	0	5,000	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	109,830	0	109,830	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	1,074,449	0	1,074,449	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03025 MRI	0	0	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	0	0	76.09
76.10	03030 INFUSION	0	0	0	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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	1,752,797	0	1,752,797	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)	
	6.00	7.00	8.00	9.00	10.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000 OPERATING ROOM	0	18,249,944	0.000000	0.000000	0 50.00
50.01 05001 OPEN HEART SURGERY	0	1,892,721	0.000000	0.000000	0 50.01
50.02 05002 OUTPATIENT SURGERY	0	7,813,002	0.000000	0.000000	0 50.02
51.00 05100 RECOVERY ROOM	0	3,265,855	0.000000	0.000000	0 51.00
53.00 05300 ANESTHESIOLOGY	0	9,347,044	0.000000	0.000000	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	302,606	12,399,959	0.024404	0.024404	0 54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,370	10,141,681	0.000628	0.000628	0 54.01
54.02 05402 ULTRASOUND	3,186	9,211,455	0.000346	0.000346	0 54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0 55.00
55.01 05501 COMPUTED TOMOGRAPHY	6,370	31,103,564	0.000205	0.000205	0 55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0 57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0 59.00
60.00 06000 LABORATORY	204,988	50,963,644	0.004022	0.004022	0 60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	39,998	3,581,361	0.011168	0.011168	0 63.00
63.01 06301 NUCLEAR MEDICINE	5,000	5,922,697	0.000844	0.000844	0 63.01
65.00 06500 RESPIRATORY THERAPY	109,830	11,344,770	0.009681	0.009681	0 65.00
66.00 06600 PHYSICAL THERAPY	0	5,088,054	0.000000	0.000000	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,487,106	0.000000	0.000000	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	1,215,368	0.000000	0.000000	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,593,627	0.000000	0.000000	52,863 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,162,999	0.000000	0.000000	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	17,753,639	0.000000	0.000000	252 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	5,889,155	0.000000	0.000000	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,074,449	63,533,576	0.016912	0.016912	0 73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0 76.00
76.01 03021 ORTHOPEDICS	0	89,196	0.000000	0.000000	0 76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	13,888,677	0.000000	0.000000	0 76.02
76.03 03023 CARDIAC REHAB	0	1,427,840	0.000000	0.000000	0 76.03
76.04 03024 RADIATION ONCOLOGY	0	6,409,863	0.000000	0.000000	0 76.04
76.05 03025 MRI	0	8,516,613	0.000000	0.000000	0 76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0 76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,714,541	0.000000	0.000000	685,717 76.07
76.08 03028 WOUND CARE	0	1,653,692	0.000000	0.000000	0 76.08
76.09 03029 RENAL DIALYSIS	0	2,064,125	0.000000	0.000000	0 76.09
76.10 03030 INFUSION	0	458,102	0.000000	0.000000	0 76.10
76.11 03031 CARE TRANSITION CENTER	0	0	0.000000	0.000000	0 76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0 89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0 90.00
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0 90.01
91.00 09100 EMERGENCY	0	53,429,676	0.000000	0.000000	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	5,894,701	0.000000	0.000000	0 92.00
200.00 Total (lines 50-199)	1,752,797	380,508,247			738,832 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D Part IV Date/Time Prepared: 5/28/2014 4:12 pm
	Component CCN: 15S004	Title XIX	Subprovider - IPF PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
	11.00	12.00	13.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 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
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	76.04
76.05	03025 MRI	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	76.09
76.10	03030 INFUSION	0	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		33,918	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		33,918	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		28,734	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)		16,240	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		27,650,150	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)		27,650,150	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		27,650,150	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		815.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		13,239,010	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)		13,239,010	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,822,409	3,594	1,898.28	2,067	3,923,745	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					25,400,218	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,562,973	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,361,003	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,777,189	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,138,192	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					39,424,781	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)					5,184	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					815.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					4,226,049	89.00



COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,436,487	27,650,150	0.088118	4,226,049	372,391	90.00
91.00	Nursing School cost	0	27,650,150	0.000000	4,226,049	0	91.00
92.00	Allied health cost	0	27,650,150	0.000000	4,226,049	0	92.00
93.00	All other Medical Education	0	27,650,150	0.000000	4,226,049	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,202	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,202	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,202	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,387	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		8,304,379	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		8,304,379	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		8,304,379	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		902.45	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,251,698	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)		1,251,698	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					293,565		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,545,263		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					10,819		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					19,010		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					29,829		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,515,434		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	71,801	8,304,379	0.008646	0	0	90.00
91.00	Nursing School cost	0	8,304,379	0.000000	0	0	91.00
92.00	Allied health cost	0	8,304,379	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,304,379	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)			9,202 1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)			9,202 2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.			0 3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)			9,202 4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period			0 5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period			0 7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)			0 8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)			2,914 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)			1,024 15.00
16.00	Nursery days (title V or XIX only)			177 16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			0.00 17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			0.00 18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period			0.00 19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period			0.00 20.00
21.00	Total general inpatient routine service cost (see instructions)			8,304,379 21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)			0 22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)			0 23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)			0 24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)			0 25.00
26.00	Total swing-bed cost (see instructions)			0 26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)			8,304,379 27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)			0 28.00
29.00	Private room charges (excluding swing-bed charges)			0 29.00
30.00	Semi-private room charges (excluding swing-bed charges)			0 30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)			0.000000 31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)			0.00 32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)			0.00 33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)			0.00 34.00
35.00	Average per diem private room cost differential (line 34 x line 31)			0.00 35.00
36.00	Private room cost differential adjustment (line 3 x line 35)			0 36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)			8,304,379 37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)			902.45 38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			2,629,739 39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			0 40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			2,629,739 41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00
<b>Cost Center Description</b>							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					119,816		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,749,555		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,550		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,550		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,748,005		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2013 To 12/31/2013		Worksheet D-1 Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	8,304,379	0.000000	0	0	90.00
91.00	Nursing School cost	0	8,304,379	0.000000	0	0	91.00
92.00	Allied health cost	0	8,304,379	0.000000	0	0	92.00
93.00	All other Medical Education	0	8,304,379	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		17,575,191	30.00
31.00	03100	INTENSIVE CARE UNIT		4,149,661	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.326387	3,306,523	50.00
50.01	05001	OPEN HEART SURGERY	0.261668	1,029,626	50.01
50.02	05002	OUTPATIENT SURGERY	0.500012	1,934,945	50.02
51.00	05100	RECOVERY ROOM	0.289039	768,446	51.00
53.00	05300	ANESTHESIOLOGY	0.952320	1,793,690	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269614	2,230,584	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.331808	2,408,316	54.01
54.02	05402	ULTRASOUND	0.136499	1,666,920	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.055702	5,411,658	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.156476	13,685,959	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.301838	1,178,598	63.00
63.01	06301	NUCLEAR MEDICINE	0.231855	944,278	63.01
65.00	06500	RESPIRATORY THERAPY	0.322924	6,122,858	65.00
66.00	06600	PHYSICAL THERAPY	0.801067	1,032,941	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409683	419,022	67.00
68.00	06800	SPEECH PATHOLOGY	0.609297	281,234	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089003	3,173,097	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303931	6,460	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834	6,830,784	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.739078	2,054,908	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198240	25,277,170	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03021	ORTHOPEDI CS	1.808669	3,087	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.222890	4,573,454	76.02
76.03	03023	CARDIAC REHAB	0.715523	210,980	76.03
76.04	03024	RADIATION ONCOLOGY	0.389037	225,872	76.04
76.05	03025	MRI	0.124334	1,422,886	76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.167757	0	76.07
76.08	03028	WOUND CARE	0.523694	0	76.08
76.09	03029	RENAL DIALYSIS	0.682989	1,335,150	76.09
76.10	03030	INFUSION	0.587603	0	76.10
76.11	03031	CARE TRANSITION CENTER	0.000000	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.361267	4,092,224	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.716923	892,674	92.00
200.00		Total (sum of lines 50-94 and 96-98)		94,314,344	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)		94,314,344	202.00



INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		2,170,537	40.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.326387	2,431	793 50.00
50.01	05001	OPEN HEART SURGERY	0.261668	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.500012	0	0 50.02
51.00	05100	RECOVERY ROOM	0.289039	0	0 51.00
53.00	05300	ANESTHESIOLOGY	0.952320	1,138	1,084 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269614	7,168	1,933 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.331808	375	124 54.01
54.02	05402	ULTRASOUND	0.136499	1,317	180 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.055702	27,386	1,525 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.156476	301,018	47,102 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.301838	0	0 63.00
63.01	06301	NUCLEAR MEDICINE	0.231855	0	0 63.01
65.00	06500	RESPIRATORY THERAPY	0.322924	12,253	3,957 65.00
66.00	06600	PHYSICAL THERAPY	0.801067	3,986	3,193 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409683	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.609297	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.089003	43,432	3,866 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303931	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834	21,480	6,526 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.739078	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198240	584,965	115,963 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03021	ORTHOPEDICS	1.808669	0	0 76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.222890	0	0 76.02
76.03	03023	CARDIAC REHAB	0.715523	0	0 76.03
76.04	03024	RADIATION ONCOLOGY	0.389037	0	0 76.04
76.05	03025	MRI	0.124334	10,323	1,283 76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.167757	291,226	48,855 76.07
76.08	03028	WOUND CARE	0.523694	0	0 76.08
76.09	03029	RENAL DIALYSIS	0.682989	0	0 76.09
76.10	03030	INFUSION	0.587603	0	0 76.10
76.11	03031	CARE TRANSITION CENTER	0.000000	0	0 76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.361267	158,279	57,181 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.716923	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,466,777	293,565 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		1,466,777	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3 Date/Time Prepared: 5/28/2014 4:12 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		3,179,086	30.00
31.00	03100	INTENSIVE CARE UNIT		552,679	31.00
32.00	02060	CORONARY CARE UNIT		0	32.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		272,310	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.326175	934,411	50.00
50.01	05001	OPEN HEART SURGERY	0.248534	120,315	50.01
50.02	05002	OUTPATIENT SURGERY	0.500012	177,363	50.02
51.00	05100	RECOVERY ROOM	0.289039	202,670	51.00
53.00	05300	ANESTHESIOLOGY	0.952320	413,770	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.269614	247,503	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.331808	367,717	54.01
54.02	05402	ULTRASOUND	0.136499	239,038	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.055702	870,999	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.156135	1,972,203	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.301838	227,095	63.00
63.01	06301	NUCLEAR MEDICINE	0.231855	124,760	63.01
65.00	06500	RESPIRATORY THERAPY	0.322842	663,318	65.00
66.00	06600	PHYSICAL THERAPY	0.801067	183,605	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.409683	120,720	67.00
68.00	06800	SPEECH PATHOLOGY	0.609297	102,071	68.00
69.00	06900	ELECTROCARDIOLOGY	0.089003	380,831	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.301978	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834	838,811	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.739078	185,696	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198240	4,171,765	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03021	ORTHOPEDI CS	1.808669	1,214	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.219081	453,396	76.02
76.03	03023	CARDIAC REHAB	0.715523	32,874	76.03
76.04	03024	RADIATION ONCOLOGY	0.389037	133,903	76.04
76.05	03025	MRI	0.124334	272,518	76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.167757	0	76.07
76.08	03028	WOUND CARE	0.523694	0	76.08
76.09	03029	RENAL DIALYSIS	0.682989	0	76.09
76.10	03030	INFUSION	0.587603	0	76.10
76.11	03031	CARE TRANSITION CENTER	0.000000	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.360427	684,239	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.716923	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		14,122,805	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)		14,122,805	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
32.00	02060 CORONARY CARE UNIT		0		32.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT		0		35.00
40.00	04000 SUBPROVIDER - IPF		4,213,116		40.00
43.00	04300 NURSERY		0		43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0.326387	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0.261668	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0.500012	0	0	50.02
51.00	05100 RECOVERY ROOM	0.289039	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0.952320	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.269614	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0.331808	0	0	54.01
54.02	05402 ULTRASOUND	0.136499	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0.055702	0	0	55.01
57.00	05700 CT SCAN	0.000000	0	0	57.00
58.00	05800 MRI	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.156476	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.301838	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0.231855	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	0.322924	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.801067	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.409683	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.609297	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.089003	52,863	4,705	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.303931	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.303834	252	77	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.739078	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198240	0	0	73.00
76.00	03020 PAIN CLINIC	0.000000	0	0	76.00
76.01	03021 ORTHOPEDICS	1.808669	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0.222890	0	0	76.02
76.03	03023 CARDIAC REHAB	0.715523	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0.389037	0	0	76.04
76.05	03025 MRI	0.124334	0	0	76.05
76.06	03026 BARIATRIC CENTER	0.000000	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0.167757	685,717	115,034	76.07
76.08	03028 WOUND CARE	0.523694	0	0	76.08
76.09	03029 RENAL DIALYSIS	0.682989	0	0	76.09
76.10	03030 INFUSION	0.587603	0	0	76.10
76.11	03031 CARE TRANSITION CENTER	0.000000	0	0	76.11
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0.000000	0	0	90.01
91.00	09100 EMERGENCY	0.361267	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.716923	0	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		738,832	119,816	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		738,832	0	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVIII	Hospital	PPS
		0	1.00	2.00
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		0	1.00
1.01	DRG amounts other than outlier payments for discharges occurring prior to October 1, 2013 (see instructions)		20,815,221	1.01
1.02	DRG amounts other than outlier payments for discharges occurring on or after October 1, 2013 (see instructions)		6,050,787	1.02
1.03	DRG for Federal specific operating payment for Model 4 BPCI (see instructions)		0	1.03
2.00	Outlier payments for discharges. (see instructions)		1,281,547	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		2,553,526	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		160.51	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		6.11	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)		-1.72	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.		1.30	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)		9.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.73	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.33	11.00
12.00	Current year allowable FTE (see instructions)		7.06	12.00
13.00	Total allowable FTE count for the prior year.		4.51	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.		5.83	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.80	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		5.80	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.036135	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.026473	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.026473	21.00
22.00	IME payment adjustment (see instructions)		422,494	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		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)		422,494	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.27	30.00
31.00	Percentage of Medicaid patient days (see instructions)		21.50	31.00
32.00	Sum of lines 30 and 31		29.77	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.77	33.00
34.00	Disproportionate share adjustment (see instructions)		3,074,554	34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1	On/After October 1	
			1.00	2.00	
	Uncompensated Care Adjustment				
35.00	Total uncompensated care amount (see instructions)			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)			2,456,669	35.02
35.03	Pro rata share of the hospital uncompensated care payment amount (see instructions)			619,216	35.03
36.00	Total uncompensated care (sum of columns 1 and 2 on line 35.03)		619,216		36.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)			0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00		42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)			0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000		44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00		45.00
46.00	Total additional payment (line 45 times line 44 times line 41)			0	46.00
47.00	Subtotal (see instructions)		32,263,819		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)		32,263,819		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,360,886		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).		176,033		52.00
53.00	Nursing and Allied Health Managed Care payment		94,747		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)		613,400		58.00
59.00	Total (sum of amounts on lines 49 through 58)		35,508,885		59.00
60.00	Primary payer payments		4,632		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		35,504,253		61.00
62.00	Deductibles billed to program beneficiaries		2,309,740		62.00
63.00	Coinurance billed to program beneficiaries		373,899		63.00
64.00	Allowable bad debts (see instructions)		1,023,902		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		665,536		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		501,644		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		33,486,150		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0	69.00
70.00	OTHER ADJUSTMENTS FROM PSR		94,564		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		-40,539		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-263,820		70.94
70.95	Recovery of Accelerated Depreciation			0	70.95
70.96	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0		0	70.96
70.97	Low volume adjustment for federal fiscal year (yyyy) (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0		0	70.97
70.98	Low Volume Payment-3			0	70.98

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part A Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XVIII	Hospital	PPS	
		0	Prior to October 1 1.00	On/After October 1 2.00	
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		33,276,355		71.00
71.01	Sequestration adjustment (see instructions)		502,473		71.01
72.00	Interim payments		32,196,894		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		576,988		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E Part B Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		14,688,505	2.00
3.00	PPS payments		9,552,411	3.00
4.00	Outlier payment (see instructions)		164,569	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		183,404	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		9,900,384	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,082,464	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)		7,817,920	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		59,353	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)		7,877,273	30.00
31.00	Primary payer payments		1,470	31.00
32.00	Subtotal (line 30 minus line 31)		7,875,803	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		577,774	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		375,553	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		328,198	36.00
37.00	Subtotal (see instructions)		8,251,356	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)		8,251,356	40.00
40.01	Sequestration adjustment (see instructions)		124,595	40.01
41.00	Interim payments		7,973,362	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		153,399	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,196,894		7,973,362	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		32,196,894		7,973,362	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		576,988		153,399	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		32,773,882		8,126,761	7.00	
				Contractor Number	NPR Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	



ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004  
Component CCN: 15S004

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Title XVIII

Subprovider -  
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		836,362		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		836,362		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		39,598		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		875,960		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-1 Part II Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,431 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			18,307 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,794 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			32,328 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			457,095,603 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			32,538,800 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,534,695 8.00
9.00	Sequestration adjustment amount (see instructions)			30,694 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,504,001 10.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,664,474 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)			-160,473 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part II Date/Time Prepared: 5/28/2014 4:12 pm
		Component CCN: 15S004	Title XVII I	Subprovider - IPF PPS
				1.00
<b>PART II - MEDICARE PART A SERVICES - IPF PPS</b>				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		1,050,783	1.00
2.00	Net IPF PPS Outlier Payments		13,899	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R excluding FTEs in the new program growth period of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the new program growth period of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		25.21099	9.00
10.00	Teaching Adjustment Factor $\{((1 + (\text{line } 8/\text{line } 9)) \text{ raised to the power of } .5150 - 1)\}$ .		0.000000	10.00
11.00	Teaching Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		1,064,682	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition (DO NOT USE THIS LINE)			14.00
15.00	Cost of teaching physicians (From Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		1,064,682	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,064,682	18.00
19.00	Deductibles		178,756	19.00
20.00	Subtotal (line 18 minus line 19)		885,926	20.00
21.00	Coinsurance		36,704	21.00
22.00	Subtotal (line 20 minus line 21)		849,222	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		44,680	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		29,042	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		839	25.00
26.00	Subtotal (sum of lines 22 and 24)		878,264	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		11,404	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	PSR AMOUNT - OTHER ADJUSTMENTS		-278	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		889,390	31.00
31.01	Sequestration adjustment (see instructions)		13,430	31.01
32.00	Interim payments		836,362	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		39,598	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		13,899	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>					
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>					
<b>Reasonable Charges</b>					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		14,122,805	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		14,122,805	0	12.00
<b>CUSTOMARY CHARGES</b>					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		14,122,805	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		14,122,805	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2014 4:12 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges	738,832	0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	738,832	0	12.00
<b>CUSTOMARY CHARGES</b>				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	738,832	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	738,832	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/28/2014 4:12 pm	
		Title XVIII	Hospital	PPS	
				1.00	
<b>COMPUTATION OF TOTAL DIRECT GME AMOUNT</b>					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	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			-1.75	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))			1.33	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)			9.19	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.73	6.00
7.00	Enter the lesser of line 5 or line 6			4.73	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.	0.00	4.73	4.73	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.	0.00	4.73	4.73	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.12		10.00
11.00	Total weighted FTE count	0.00	6.85		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	4.51		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	5.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.72		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	0.00	5.72		17.00
18.00	Per resident amount	84,649.24	80,155.36		18.00
19.00	Approved amount for resident costs	0	458,489	458,489	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)			458,489	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
<b>COMPUTATION OF PROGRAM PATIENT LOAD</b>					
26.00	Inpatient Days (see instructions)	19,694	1,895		26.00
27.00	Total Inpatient Days (see instructions)	41,530	41,530		27.00
28.00	Ratio of inpatient days to total inpatient days	0.474211	0.045630		28.00
29.00	Program direct GME amount	217,421	20,921		29.00
30.00	Reduction for direct GME payments for Medicare Advantage		2,956		30.00
31.00	Net Program direct GME amount			235,386	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet E-4 Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVIII	Hospital	PPS
				1.00
<b>DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)</b>				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
<b>APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY</b>				
<b>Part A Reasonable Cost</b>				
37.00	Reasonable cost (see instructions)		44,108,236	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)		4,632	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		44,103,604	41.00
<b>Part B Reasonable Cost</b>				
42.00	Reasonable cost (see instructions)		14,871,909	42.00
43.00	Primary payer payments (see instructions)		1,470	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		14,870,439	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		58,974,043	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.747848	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.252152	47.00
<b>ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B</b>				
48.00	Total program GME payment (line 31)		235,386	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		176,033	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		59,353	50.00

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

Provider CCN: 150004

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

Worksheet G

Date/Time Prepared:  
5/28/2014 4:12 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-122,458,172	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	107,805,243	0	0	0	4.00
5.00	Other receivable	61,251,680	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,892,841	0	0	0	6.00
7.00	Inventory	3,177,520	0	0	0	7.00
8.00	Prepaid expenses	1,392,646	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)	31,276,076	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,492,686	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,603,040	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	157,134	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	145,636,928	0	0	0	19.00
20.00	Accumulated depreciation	-141,819,372	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	57,618,036	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	2,099,630	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	1,820,830	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	3,920,460	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	92,814,572	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	10,266,674	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,063,832	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	157,885	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	10,178,876	0	0	0	43.00
44.00	Other current liabilities	2,407,947	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,075,214	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	459,020	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-22,235,820	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-21,776,800	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,298,414	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	85,516,158				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)	85,516,158	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	92,814,572	0	0	0	60.00



STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

Date/Time Prepared:  
5/28/2014 4:12 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		79,485,031		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		6,031,127			2.00
3.00	Total (sum of line 1 and line 2)		85,516,158		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		85,516,158		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		85,516,158		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: 150004

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/28/2014 4:12 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	33,605,998		33,605,998	1.00
2.00	SUBPROVIDER - IPF	28,959,604		28,959,604	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	786,663		786,663	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	63,352,265		63,352,265	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,814,005		7,814,005	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,814,005		7,814,005	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	71,166,270		71,166,270	17.00
18.00	Ancillary services	173,817,725	146,908,042	320,725,767	18.00
19.00	Outpatient services	15,052,007	44,272,370	59,324,377	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		5,421,086	5,421,086	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	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	NON REIMBURSABLE	-23,006,828	19,788,113	-3,218,715	27.00
27.01	RECONCILIATION	0	449,612	449,612	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	237,029,174	216,839,223	453,868,397	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		185,223,940		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	RECONCILIATION	3			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)		3		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		185,223,937		43.00

STATEMENT OF REVENUES AND EXPENSES		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet G-3 Date/Time Prepared: 5/28/2014 4:12 pm
			1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)		453,868,397	1.00
2.00	Less contractual allowances and discounts on patients' accounts		297,626,949	2.00
3.00	Net patient revenues (line 1 minus line 2)		156,241,448	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)		185,223,937	4.00
5.00	Net income from service to patients (line 3 minus line 4)		-28,982,489	5.00
<b>OTHER INCOME</b>				
6.00	Contributions, donations, bequests, etc		0	6.00
7.00	Income from investments		0	7.00
8.00	Revenues from telephone and other miscellaneous communication services		0	8.00
9.00	Revenue from television and radio service		0	9.00
10.00	Purchase discounts		0	10.00
11.00	Rebates and refunds of expenses		0	11.00
12.00	Parking lot receipts		0	12.00
13.00	Revenue from laundry and linen service		0	13.00
14.00	Revenue from meals sold to employees and guests		0	14.00
15.00	Revenue from rental of living quarters		0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients		0	16.00
17.00	Revenue from sale of drugs to other than patients		0	17.00
18.00	Revenue from sale of medical records and abstracts		0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)		0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen		0	20.00
21.00	Rental of vending machines		0	21.00
22.00	Rental of hospital space		0	22.00
23.00	Governmental appropriations		0	23.00
24.00	PREMIUM REVENUE		8,694,348	24.00
24.01	OTHER OPERATING REVENUE		6,918,648	24.01
24.02	NET ASSETS RELEASED FROM OPERATIONS		389,320	24.02
24.03	NON-OPERATING REVENUE		421,050	24.03
24.04	EQUITY TRANSFERS		30,418,135	24.04
24.05	NET ASSETS RELEASED FROM RESTRICTION		64,261	24.05
25.00	Total other income (sum of lines 6-24)		46,905,762	25.00
26.00	Total (line 5 plus line 25)		17,923,273	26.00
27.00	OTHER EXPENSES (SPECIFY)		11,892,146	27.00
28.00	Total other expenses (sum of line 27 and subscripts)		11,892,146	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)		6,031,127	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

Period: From 01/01/2013

Worksheet H

HHA CCN: 157145

To 12/31/2013

Date/Time Prepared: 5/28/2014 4:12 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		4,880	4,880	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	924,368	0	11,942	22,011	71,995	1,030,316	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	1,401,513	0	56,456	0	10,077	1,468,046	6.00
7.00	403,257	0	22,054	126,350	2,052	553,713	7.00
8.00	153,940	0	7,556	0	604	162,100	8.00
9.00	6,797	0	267	0	0	7,064	9.00
10.00	1,507	0	8	0	0	1,515	10.00
11.00	60,321	0	11,139	175	1,282	72,917	11.00
12.00	0	0	0	0	112,510	112,510	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,951,703	0	109,422	148,536	203,400	3,413,061	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	4,880	0	4,880			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	1,030,316	-75,000	955,316			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	1,468,046	0	1,468,046			6.00
7.00	0	553,713	0	553,713			7.00
8.00	0	162,100	0	162,100			8.00
9.00	0	7,064	0	7,064			9.00
10.00	0	1,515	0	1,515			10.00
11.00	0	72,917	0	72,917			11.00
12.00	-57,832	54,678	0	54,678			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-57,832	3,355,229	-75,000	3,280,229			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet H-1 Part I Date/Time Prepared: 5/28/2014 4:12 pm
		HHA CCN: 157145	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	4,880		4,880		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	955,316	0	4,880	0	960,196	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	1,468,046	0	0	0	1,468,046	6.00
7.00	Physical Therapy	553,713	0	0	0	553,713	7.00
8.00	Occupational Therapy	162,100	0	0	0	162,100	8.00
9.00	Speech Pathology	7,064	0	0	0	7,064	9.00
10.00	Medical Social Services	1,515	0	0	0	1,515	10.00
11.00	Home Health Aide	72,917	0	0	0	72,917	11.00
12.00	Supplies (see instructions)	54,678	0	0	0	54,678	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,280,229	0	4,880	0	3,280,229	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	960,196					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	607,582	2,075,628				6.00
7.00	Physical Therapy	229,166	782,879				7.00
8.00	Occupational Therapy	67,089	229,189				8.00
9.00	Speech Pathology	2,924	9,988				9.00
10.00	Medical Social Services	627	2,142				10.00
11.00	Home Health Aide	30,178	103,095				11.00
12.00	Supplies (see instructions)	22,630	77,308				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		3,280,229				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145		Period: From 01/01/2013 To 12/31/2013		Worksheet H-1 Part II Date/Time Prepared: 5/28/2014 4:12 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		4,880			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	4,880	0	0	-960,196	2,320,033
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	1,468,046
7.00	Physical Therapy	0	0	0	0	0	553,713
8.00	Occupational Therapy	0	0	0	0	0	162,100
9.00	Speech Pathology	0	0	0	0	0	7,064
10.00	Medical Social Services	0	0	0	0	0	1,515
11.00	Home Health Aide	0	0	0	0	0	72,917
12.00	Supplies (see instructions)	0	0	0	0	0	54,678
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	4,880	0	0	-960,196	2,320,033
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	4,880	0	0		960,196
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.413872

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

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

Worksheet H-2 Part I

HHA CCN: 157145

Home Health Agency I

Date/Time Prepared: 5/28/2014 4:12 pm

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS DEPARTMENT	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	32,235	1,105	1,300,585	68,558	176,604	1.00	
2.00 Skilled Nursing Care	2,075,628	0	0	0	0	0	2.00	
3.00 Physical Therapy	782,879	0	0	0	0	0	3.00	
4.00 Occupational Therapy	229,189	0	0	0	0	0	4.00	
5.00 Speech Pathology	9,988	0	0	0	0	0	5.00	
6.00 Medical Social Services	2,142	0	0	0	0	0	6.00	
7.00 Home Health Aide	103,095	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	77,308	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	3,280,229	32,235	1,105	1,300,585	68,558	176,604	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT		
	5.03	5.04	5A.04	5.05	6.00	7.00		
1.00 Administrative and General	6,451	28,683	1,614,221	232,619	44,418	36,929	1.00	
2.00 Skilled Nursing Care	0	0	2,075,628	299,109	0	0	2.00	
3.00 Physical Therapy	0	0	782,879	112,818	0	0	3.00	
4.00 Occupational Therapy	0	0	229,189	33,028	0	0	4.00	
5.00 Speech Pathology	0	0	9,988	1,439	0	0	5.00	
6.00 Medical Social Services	0	0	2,142	309	0	0	6.00	
7.00 Home Health Aide	0	0	103,095	14,857	0	0	7.00	
8.00 Supplies (see instructions)	0	0	77,308	11,141	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	6,451	28,683	4,894,450	705,320	44,418	36,929	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2013

Worksheet H-2

HHA CCN: 157145

To 12/31/2013

Part I  
Date/Time Prepared:  
5/28/2014 4:12 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	25,757	0	62,855	0	6,799	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	25,757	0	62,855	0	6,799	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

  

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	
		15.00	16.00	17.00	22.00	23.00	23.01	
1.00	Administrative and General	7,013	58,862	466	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	7,013	58,862	466	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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



ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part I Date/Time Prepared: 5/28/2014 4:12 pm
			Home Health Agency I	PPS

Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.02	23.03	23.04	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	2,089,939	0	2,089,939	1.00
2.00	Skilled Nursing Care	0	0	0	2,374,737	0	2,374,737	2.00
3.00	Physical Therapy	0	0	0	895,697	0	895,697	3.00
4.00	Occupational Therapy	0	0	0	262,217	0	262,217	4.00
5.00	Speech Pathology	0	0	0	11,427	0	11,427	5.00
6.00	Medical Social Services	0	0	0	2,451	0	2,451	6.00
7.00	Home Health Aide	0	0	0	117,952	0	117,952	7.00
8.00	Supplies (see instructions)	0	0	0	88,449	0	88,449	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	5,842,869	0	5,842,869	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	1,322,448	3,697,185					2.00
3.00	Physical Therapy	498,798	1,394,495					3.00
4.00	Occupational Therapy	146,024	408,241					4.00
5.00	Speech Pathology	6,363	17,790					5.00
6.00	Medical Social Services	1,365	3,816					6.00
7.00	Home Health Aide	65,685	183,637					7.00
8.00	Supplies (see instructions)	49,256	137,705					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19) (2)	2,089,939	5,842,869					20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.556882						21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/28/2014 4:12 pm
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,108	1,086	2,951,703	61,334	61,506	80,521	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,108	1,086	2,951,703	61,334	61,506	80,521	20.00
21.00 Total cost to be allocated	32,235	1,105	1,300,585	68,558	176,604	6,451	21.00
22.00 Unit cost multiplier	7.846884	1.017495	0.440622	1.117781	2.871330	0.080116	22.00
Cost Center Description	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	6.00	7.00	8.00	
1.00 Administrative and General	5,421,086	0	1,614,221	4,108	4,108	0	1.00
2.00 Skilled Nursing Care	0	0	2,075,628	0	0	0	2.00
3.00 Physical Therapy	0	0	782,879	0	0	0	3.00
4.00 Occupational Therapy	0	0	229,189	0	0	0	4.00
5.00 Speech Pathology	0	0	9,988	0	0	0	5.00
6.00 Medical Social Services	0	0	2,142	0	0	0	6.00
7.00 Home Health Aide	0	0	103,095	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	77,308	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	5,421,086	0	4,894,450	4,108	4,108	0	20.00
21.00 Total cost to be allocated	28,683	0	705,320	44,418	36,929	0	21.00
22.00 Unit cost multiplier	0.005291	0	0.144106	10.812561	8.989533	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-2 Part II Date/Time Prepared: 5/28/2014 4:12 pm
			Home Health Agency I	PPS

Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)		
	9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	4,108	0	92,824	0	22,689	5,271	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,108	0	92,824	0	22,689	5,271	20.00
21.00	Total cost to be allocated	25,757	0	62,855	0	6,799	7,013	21.00
22.00	Unit cost multiplier	6.269961	0.000000	0.677142	0.000000	0.299661	1.330488	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICES (GROSS CHARGES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)		
	16.00	17.00	22.00	23.00	23.01	23.02		
1.00	Administrative and General	5,421,086	5,421,086	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,421,086	5,421,086	0	0	0	0	20.00
21.00	Total cost to be allocated	58,862	466	0	0	0	0	21.00
22.00	Unit cost multiplier	0.010858	0.000086	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150004  
HHA CCN: 157145

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/28/2014 4:12 pm  
PPS

Cost Center Description	PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
	23.03	23.04		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/28/2014 4:12 pm
		HHA CCN: 157145	Title XVIII	Home Health Agency I

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,697,185		3,697,185	15,362	240.67	1.00
2.00	Physical Therapy	3.00	1,394,495	0	1,394,495	6,978	199.84	2.00
3.00	Occupational Therapy	4.00	408,241	0	408,241	1,917	212.96	3.00
4.00	Speech Pathology	5.00	17,790	0	17,790	135	131.78	4.00
5.00	Medical Social Services	6.00	3,816		3,816	30	127.20	5.00
6.00	Home Health Aide	7.00	183,637		183,637	2,311	79.46	6.00
7.00	Total (sum of lines 1-6)		5,705,164	0	5,705,164	26,733		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		5.00
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	

Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	5,409	6,167		8.00
8.01	Skilled Nursing Care		16974	0	0		8.01
9.00	Physical Therapy		23844	2,787	2,159		9.00
9.01	Physical Therapy		16974	0	0		9.01
10.00	Occupational Therapy		23844	766	723		10.00
10.01	Occupational Therapy		16974	0	0		10.01
11.00	Speech Pathology		23844	67	26		11.00
11.01	Speech Pathology		16974	0	0		11.01
12.00	Medical Social Services		23844	12	21		12.00
12.01	Medical Social Services		16974	0	0		12.01
13.00	Home Health Aide		23844	608	1,486		13.00
13.01	Home Health Aide		16974	0	0		13.01
14.00	Total (sum of lines 8-13)			9,649	10,582		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (From HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	137,705	0	137,705	92,306	1.491832	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Part A	Part B	11.00
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			
	6.00	7.00	8.00	9.00	10.00	

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	5,409	6,167		1,301,784	1,484,212	1.00
2.00	Physical Therapy	2,787	2,159		556,954	431,455	2.00
3.00	Occupational Therapy	766	723		163,127	153,970	3.00
4.00	Speech Pathology	67	26		8,829	3,426	4.00
5.00	Medical Social Services	12	21		1,526	2,671	5.00
6.00	Home Health Aide	608	1,486		48,312	118,078	6.00
7.00	Total (sum of lines 1-6)	9,649	10,582		2,080,532	2,193,812	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part I Date/Time Prepared: 5/28/2014 4:12 pm
				HHA CCN: 157145	Title XVIII	Home Health Agency I PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,785,996					1.00
2.00	Physical Therapy	988,409					2.00
3.00	Occupational Therapy	317,097					3.00
4.00	Speech Pathology	12,255					4.00
5.00	Medical Social Services	4,197					5.00
6.00	Home Health Aide	166,390					6.00
7.00	Total (sum of lines 1-6)	4,274,344					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-3 Part II Date/Time Prepared: 5/28/2014 4:12 pm
			Title XVIII	Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.801067	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.409683	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.609297	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.303834	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.198240	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2013 To 12/31/2013	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVII	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	0	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	0	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Services	Part B Services
			1.00	2.00
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,489,135	1,511,135
12.00	Total PPS Reimbursement - Full Episodes with Outliers		15,499	12,799
13.00	Total PPS Reimbursement - LUPA Episodes		18,578	29,919
14.00	Total PPS Reimbursement - PEP Episodes		6,965	4,335
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,679	2,073
16.00	Total PPS Outlier Reimbursement - PEP Episodes		159	0
17.00	Total Other Payments		0	-4,771
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,533,015	1,555,490
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,533,015	1,555,490
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,533,015	1,555,490
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,533,015	1,555,490
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,533,015	1,555,490
31.01	Sequestration adjustment (see instructions)		20,843	24,544
32.00	Interim payments (see instructions)		1,512,172	1,530,946
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program line 31 minus lines 31.01, 32 and 33		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	0



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

Provider CCN: 150004  
HHA CCN: 157145

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

Worksheet H-5  
Date/Time Prepared:  
5/28/2014 4:12 pm  
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		1,512,172		1,530,946	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,512,172		1,530,946	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,512,172		1,530,946	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150004	Period: From 01/01/2013 To 12/31/2013	Worksheet L Parts I-III Date/Time Prepared: 5/28/2014 4:12 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		2,138,848	1.00
1.01	Model 4 BPCI Capital DRG other than outlier		0	1.01
2.00	Capital DRG outlier payments		49,006	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)		88.57	3.00
4.00	Number of interns & residents (see instructions)		5.80	4.00
5.00	Indirect medical education percentage (see instructions)		1.87	5.00
6.00	Indirect medical education adjustment (multiply line 5 by the sum of lines 1 and 1.01)		39,996	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.27	7.00
8.00	Percentage of Medicaid patient days to total days (see instructions)		21.50	8.00
9.00	Sum of lines 7 and 8		29.77	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.22	10.00
11.00	Disproportionate share adjustment (line 10 times the sum of lines 1 and 1.01)		133,036	11.00
12.00	Total prospective capital payments (sum of lines 1, 1.01, 2, 2.01, 6 and 11)		2,360,886	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00